FEDERALLY SENTENCED WOMEN

MAXIMUM SECURITY INTERVIEW PROJECT:

“NOT LETTING THE TIME DO YOU”

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Executive Summary

This report presents the results of a study sponsored by the Correctional Service of Canada (CSC). The research was undertaken to help identify interventions necessary to suitably address the issues and needs of maximum security women, and to facilitate the reduction of women's maximum security classification. Through interviews, the perspectives and experiences of non-Aboriginal women serving a federal sentence and classified as maximum security were sought in order to increase understanding of their personal and institutional realities.

The information in this report is based on voluntary interviews conducted with 14 of the 15 women in the non-Aboriginal maximum security population in February 1998. These women were housed at either the Prison for Women in Kingston, Ontario, or at Springhill Institution in Nova Scotia. Data were analyzed using a thematic approach guided by the topics addressed in the interviews. Where applicable, relevant information has been analyzed and integrated from the Offender Management System (CSC's automated database) and other CSC files of these maximum security women. The report also incorporates information collected from interviews and focus groups held with CSC front-line and operational staff in each institution where women were interviewed. A qualitative methodology was utilized because this best suited the small size of the population and most appropriately reflected the purpose of the research. Qualitative methods emphasize the importance of exploring individuals' subjective experiences and how they understand events in their lives; in short, emphasizing meaning over measurement.

The following areas were explored in the present research:

- Maximum security women's opinions of why they are classified maximum and their perspectives regarding criteria for a maximum security classification;
- The risk and need factors of maximum security women and perspectives on addressing these factors;
- Identification of factors which motivate maximum security women to work toward reducing their security levels and participate in programming;
- Perspectives on what CSC's role should be in facilitating the reduction of women's maximum security classification levels;
- Opinions on existing policies, procedures, and programs that CSC has available for women to reduce their security level from maximum to medium; and
- Determination of staff and facility characteristics that facilitate, interfere with or are conducive to the reduction of maximum security levels.

The report is organized in four parts. Part A presents an overview, background information relevant to this study, an explanation of the research objectives and methodology, and a description of security classification measures and procedures. Part A also presents demographic and other background information specific to the maximum security inmate population discussed in this report.

Part B presents results of the interviews with the 14 women. The presentation of results includes a summary of data for the whole population interviewed, followed by a separate and more detailed accounting of the responses of women in two population segments (described below).

To help clarify and emphasize the data results, many direct quotations from the women are included in the data presentation (the women were given pseudonyms).

Although the predominant focus of the present research is on the perspectives of non-Aboriginal maximum security women offenders, the views of staff who work with these women were also considered critical in this initiative and are presented in Part C. Staff perspectives are summarized and presented in the form of dominant themes captured under the following headings: Identification and Needs of Maximum Security Women, Intervention, and Staff Needs/Issues. Again, direct quotations from the staff interviewed are included in this section (however, staff positions are not identified in the quotes presented).

Part D summarizes and elaborates on the conclusions of the study, and offers direction for future consideration.

Summary of Key Findings

> One of the most important conclusions found in the results of this project is that the non-Aboriginal maximum security woman offender population is heterogeneous. To consider this population only as a whole is misleading and problematic. This population is most readily differentiated on the basis of the following three identifiable, *but not mutually exclusive*, sub-populations:

- Those with anti-social behaviour and criminal attitudes;
- Those with special needs resulting from serious emotional and mental health issues; and
- Those with special needs resulting from cognitive limitations and basic skill deficits.

It is important to emphasize that the construction of sub-populations and population segments is subjective. These constructions are useful for understanding broad differences in the issues, needs, treatment and management of the maximum security women population, but any such consideration must be done with an eye to subjectivity, fluidity, and context.

With respect to the above sub-populations, data from this study support several other conclusions. First, although maximum security women in each of the above sub-populations should be considered as having special (and high) needs of one sort or another, the needs of the women in the latter two sub-populations are extraordinarily high. Second, information from the interviews with the women offenders and staff clearly indicate that these sub-populations require separate programming and accommodation.

> This study notes that there is a *much higher* amount of institutional assaultive behaviour exhibited by maximum security women compared to those in medium or minimum security. Study findings suggest there is opportunity for developing more accountability among these offenders for their assaultive behaviour.

> The "inmate code" was of particular importance to a high percentage of the women interviewed, especially during times when they were not interested in reducing their security

classification. A strong adherence to the code implies that the women believe that what they do while incarcerated is inconsequential; this is problematic with respect to these women genuinely investing in rehabilitative efforts. The title of this report suggests that becoming *positively* involved in how one "does their time" is considered central in changing the behaviour and attitudes necessary to reduce security level. Therefore, finding ways to pragmatically challenge and break down the inmate code is of fundamental importance in managing these offenders.

- A number of interesting findings with respect to what the non-Aboriginal maximum security women offenders identified as need areas were revealed in this study. Two-thirds of the women did volunteer information that corresponded with one or more of CSC's Case Needs Identification and Analysis (CNIA) domains.

  The CNIA personal/emotional orientation domain was identified as a need for all women in this study and was also a prominent theme raised by the staff. Furthermore, many of the women focused on this domain when identifying their own needs, particularly acknowledging their difficulties concerning impulsivity, coping and anger management. This suggests that non-Aboriginal maximum security women require a lot of assistance in learning strategies to deal with interpersonal problems; setting realistic goals; and coping with conflict, crisis, and emotions. Such coping skills would help them to reduce their security level and successfully integrate into the communal living environment of the medium and minimum houses in the regional facilities.

  Finally, when women were queried with respect to their perceptions regarding their criminogenic needs, the overall amount of agreement between these perceptions and the needs identified by the CNIA was less than 50%. There appears to be room for generating a greater amount of agreement or understanding for the women in terms of what CSC considers as criminogenic need areas and what women consider their needs to be and the relationship of these needs to their criminality.

- A number of findings relate to the current system and process of classifying maximum security women offenders. Information obtained from both the OMS file review and from the staff discussions indicated that distinctions in behaviour, risk, and need exist between women offenders classified as maximum security and those classified as medium or minimum security. File reviews of the women in this study indicated that approximately two-thirds were designated as both "high-risk/high-need."

  Most of the women indicated that being classified as maximum security did affect how they served their time; the effects most frequently mentioned by the women related to issues of institutional placement and restriction of movement. As well, approximately one third of the women expressed the opinion that being classified as maximum security affected their opportunities for programming and believed that their classification level meant that opportunities afforded other federally sentenced women are not available to them. Finally, more than half the maximum security women rated their level of understanding of how security levels are reduced as poor, suggesting an opportunity exists for further information sharing.

Most women view the responsibility of reducing security levels as shared between the individual woman and CSC. Changing behaviour/attitude and following one's correctional plan were seen as the individual woman's responsibility, while offering appropriate programming, presenting a willingness to alter one's perceptions of inmates, and recognizing an inmate's attempts at change were seen as the primary responsibility of staff.

More than three quarters of the maximum security women stated that there had been periods of time in which they had not been interested in reducing their maximum security level or had actively engaged in behaviours to achieve or maintain maximum security. This is an important finding that differentiates challenges associated with managing women who are complacent regarding their higher security classification from issues associated with assisting women motivated to reduce their security level.

➤ With respect to the identified need areas for correctional planning, interview data suggest that greater involvement of the women in the development of their correctional plans might increase their ownership and interest. Correctional plans were viewed as overwhelming and not precisely focused. Given this, it is suggested that correctional plans for the maximum security women offenders might be incrementally constructed. This would provide an opportunity for positive reinforcement at the completion of each increment.

➤ Motivational theories should be explored for their relevance to this population and for their potential impact on behavioural and attitudinal change. Increases in motivational content could be broadly incorporated into all current programming as well as specifically applied to new and dedicated motivational programs and interventions. Motivational theory also provides insights into differences noted in the types of needs identified by the women and by CSC. The observation is made that the types of needs and issues that the women see as relevant and are most likely to want to engage in are primarily physiological, safety, or existence needs whereas CSC tends to emphasize "future-focused" or growth needs, particularly in programming areas.

➤ Much information was gathered in this study with respect to all aspects of programming, including content, options, accessibility and mode of delivery. Findings include:
    - Distinct programming strategies, both in terms of program content and delivery, are necessary given the variability in the sub-populations with respect to such things as the women's cognitive capacities, attention spans, and ability to contain emotionality.
    - Programs need to be highly structured and intensive, incorporating an understanding of the particular and highly differentiated needs of maximum security women;
    - There is a need to explore more individually-based programming models;
    - Where current core programming is considered too difficult for some individuals, adaptations are needed to make core programming more suitably accessible;
    - Programming must actively seek increased self-esteem objectives that are clearly articulated in the delivery and content;

- There is a need for intensive programming to address aggressive behaviour/attitudes and alternatives to violence; and
- Women who have completed Grade 12 should be offered facilitated self-instruction courses (e.g. computer skills).

➢ All women emphasized that staff interactions impacted their security level both positively and negatively in a very significant manner.

The women perceived negative staff attitudes as being disrespectful, intimidating, diminishing their sense of self, frustrating them and sometimes being deliberately provocative. Ultimately, the consequences of negative inmate-staff interactions can result in conflict and charges.

Positive inmate-staff interpersonal relations were identified by both the women offenders and staff as integral to a positive institutional environment as well as to the offenders' positive institutional adjustment and changes in their behaviours and attitudes. With respect to achieving this, the following factors were considered as particularly important:

- Open communication between inmates and staff;
- Zero tolerance of inappropriate and deliberately provocative behaviours on the part of staff;
- Positive reinforcement of both inmates and staff;
- Regular staff on the unit; and
- A consistent supervisory style that is present, accessible, and responsive to individual needs.

➢ In correctional settings, structured, predictable, and safe confinement is central to positive inmate-staff interpersonal relations. When supervision and structure are attentive, consistent and predictable, women offenders clearly know what is expected of them and are able to concentrate their efforts on themselves. Furthermore, the presence of a predictable and, relatively speaking, safe environment lessens the risk of psychological decompensation with corresponding management and clinical problems.

➢ This study revealed several findings with respect to the physical environment or accommodation of this population. Most importantly, as mentioned earlier when discussing the population segments, allowances must be made in the physical environment for separating women in the different population segments both in terms of accommodation and programming. There also needs to be opportunities and space for therapeutic quiet. Related to this, there is a need for a variety of physical management options in terms of dealing with this population. Some of these options require the ability to separate and deal with these women on an individual basis and in small groups. As such, there is a need for physical space to accommodate quiet time, individual counselling or programming sessions, group programming space, and both types of segregation (administrative and disciplinary segregation).

- Another important finding from this study concerned the value of using a multidisciplinary approach to manage this population. Clearly, many of the identified need areas for the non-Aboriginal maximum security women are interrelated, and as such this study supports an intensive, multifaceted, multidisciplinary and holistic approach to interventions and programming with these women. While the intricacies of such an approach will need to address differential sub-population issues, at the core level all interventions and programming must target emotive, cognitive, and behavioural factors. Interventions will need to address a variety of issues and will require highly skilled staff who have been trained in multidisciplinary approaches.

- Given the mental health needs of this population, managers, treatment and correctional staff are challenged to understand issues of mental health and psychological illness, and the association of such issues to criminal behaviour and institutional adjustment. Both women offenders and staff commented on the need for further staff training, specifically in the areas of women's issues and mental health/psychological conditions.

- Much research has demonstrated that exposure to traumatic events in their history is widespread if not epidemic among incarcerated women. A process for the identification of abuse histories and assessment of resulting issues needs to be incorporated into the approach of managing these women.

In closing, certain limitations of the present study must be acknowledged and may point to directions for future studies. Caution must be used when interpreting the findings. The study relies heavily on self-report and therefore these data are susceptible to interviewee's offering their perceived socially desirable responses. Also, given the very small number of study participants and that this is a relative population in time, findings must be considered cautiously and in relation to this particular context.

Findings from this research support an appreciation of the deep complexity of the challenges in understanding and managing non-Aboriginal maximum security women offenders and assisting these women in reducing their security classification level, stressing the necessity for intensive, creative and unique solutions.

Acknowledgements

I would like to express heartfelt gratitude to all the individuals interviewed for this project: the women inmates, for trusting and sharing with me their experiences and understanding; and staff, for their insightful and candid contributions. The significance of the contribution and accumulated wisdom of all those interviewed merits far more elaboration than possible here.

I extend deep appreciation to friends and colleagues who provided sage advice and valuable assistance in the many stages culminating in this project's fruition. I especially thank Kelley Blanchette, Karl Furr, Diane Kilby, Jane Laishes, Jennifer Latham, Sandra Lyth and Shirley Simo for sharing their expertise, and for their comments and suggestions for improvement of the manuscript.

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> *It's about not letting the time do you. I really believe...If you don't change your attitude a bit and come down and balance – with the institution – then you're really not going to get anywhere – you're just going to be banging your head up against the wall – letting the time do you – because you're not going to get any answers...But if you're willing to change your attitude a little bit and discuss what the problem is – tell them what the problem is – and try and solve it and find different choices and different ways of solving the problem – then the problem is going to get solved. If you think to yourself that you don't have an attitude and you don't have the problem – then you're never going to get anywhere. You have to realize that some of the problem lies within you also.* (Alison)

PART A: OVERVIEW

This report conveys the results of a study sponsored by the Correctional Service of Canada (CSC). The perspectives and experiences of non-Aboriginal[1] women serving federal sentences and classified as maximum security, and of staff working with them were explored in this research. Part A presents an overview, background information relevant to this study, an explanation of the research objectives and methodology, and a description of security classification measures and procedures. Part A also presents demographic and other background information specific to the maximum security inmate population discussed in this report.

1 BACKGROUND

In 1990, a Task Force on Federally Sentenced Women was formed with the mandate to examine the "correctional management of federally sentenced women from the commencement of sentence to the date of warrant expiry and to develop a plan which will guide and direct this process in a manner that is responsive to the unique and special needs of this group." The Task Force comprised women who had served federal sentences, as well as representatives from CSC and private sector organizations that deal with a variety of issues impacting women and women in conflict with the law in Canada. The Task Force produced *Creating Choices – Report of the Task Force on Federally Sentenced Women*, a report released in 1990, which recommended closing the Prison for Women (P4W) in Kingston, Ontario[2] and replacing it with four regional facilities and an Aboriginal Healing Lodge. *Creating Choices* also advised that a new, women-centred correctional philosophy should be developed to govern the operation of these facilities and further recommended five principles to provide direction to CSC in creating facilities and programs to better reflect the unique experiences and needs of incarcerated women.

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[1] A separate study was conducted by SkyBlue Morin (January, 1999) for federally sentenced Aboriginal women classified as maximum security.

[2] P4W opened in 1934 and in 1990 was the only penitentiary for federally sentenced women inmates.

The suggested guiding principles were: *empowerment, meaningful and responsible choices, respect and dignity, supportive environment,* and *shared responsibility.*

CSC accepted the recommendations of the report and four regional facilities and an Aboriginal Healing Lodge were constructed: Edmonton Institution for Women (EIFW) in Edmonton, Alberta; Grand Valley Institution for Women (GVI) in Kitchener, Ontario; Établissement Joliette in Joliette, Québec; Nova Institution for Women (Nova) in Truro, Nova Scotia; and Okimaw Ohci Healing Lodge (OOHL) in Maple Creek, Saskatchewan.

By January 1997, all five regional facilities were operational. Nova was the first to open in the spring of 1995, followed in November of that same year by EIFW and OOHL. Joliette and GVI opened in January 1997. The design of the new facilities reflects the recommendations of the Task Force. Inmate housing is provided through stand-alone houses clustered behind a main building which contains staff offices, program space, a health care unit, and visiting area. The facility has a perimeter fence with a detection system and doors and windows of inmate houses are alarmed. Each facility also has an Enhanced Security Unit containing cells used for segregation and initial reception of new admissions. Each house accommodates 6 to 10 women and includes communal living space, a kitchen, dining area, bathrooms, a utility/laundry room and access to the grounds. The women in each house are responsible for all their daily living needs, such as cooking, cleaning and laundry.

These regional facilities currently house minimum and medium security women offenders, who make up approximately 90% of incarcerated women offenders. In September 1996, an interim decision was made to remove all maximum security women from the new regional facilities because the community-living design of the regional facilities was not meeting the needs of this population either in terms of security or programming; and, reflecting the conclusions of the Task Force, the enhanced units at the regional facilities were designed for short-term stays, not long-term accommodation of maximum security women or for long-term intensive mental health treatment. Currently, maximum security women are regionally accommodated at P4W (Ontario), or in separate and distinct units at existing facilities for men: Saskatchewan Penitentiary, Regional Psychiatric Centre – Prairies (Saskatchewan), Regional Reception Centre (Québec) and Springhill Institution (Nova Scotia).[3] Measures have been taken (physical renovations and separate staffing) to ensure that women housed in units at men's facilities are separated from the male population in terms of their accommodation, programming, and recreation areas.

1.1 Introduction

Given that maximum security women are currently accommodated separately from their minimum and medium security counterparts, CSC recognized the need to identify interventions necessary to (a) suitably address the issues and needs of maximum security women, and (b) facilitate the reduction of maximum security classification of women offenders. In order to initiate this process, it was determined that primary research with maximum security offenders and relevant CSC staff was required in order to augment understanding of personal and institutional realities as well as the programming and other needs of maximum security women.

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[3] In the Pacific Region, all women inmates are accommodated at the Burnaby Correctional Centre for Women under an Exchange of Services Agreement.

The commission of this study reflects CSC's commitment to develop a long-term strategy for maximum security women, a strategy that is based on providing programs that respond to the diverse needs of maximum security women and conducting research to assess what is effective. Furthermore, by affording maximum security women offenders the opportunity to relay their experiences and contribute their ideas and suggestions, this research initiative fulfills CSC's responsibility, under Section 74 of the *Corrections and Conditional Release Act* (*CCRA*), to provide inmates with "the opportunity to contribute to decisions of the Service affecting the inmate population as a whole, or affecting a group within the inmate population, except decisions relating to security matters," and also reflects the principle of client participation as outlined in the Mental Health Strategy for Women Offenders (Laishes, 1997).

This research report is based on voluntary personal interviews conducted with 14 of the 15 federally sentenced non-Aboriginal women who were classified maximum security during the time of this research (February 1998). Data were also gathered from discussions held with 20 CSC staff in personal interviews and focus groups, and from supplementary interviews/meetings with psychologists and program delivery officers. Preceded by four pilot interviews (to test the questionnaire), all interviews were conducted during the period of February 4 - 19, 1998 at Springhill Institution and the Prison for Women (there were no CSC non-Aboriginal women classified as maximum security west of Kingston). In addition, where applicable, relevant information has been analyzed and integrated from the Offender Management System (CSC's automated database) and CSC files of these maximum security women. More detailed information regarding the research methodology is provided in Section 1.2.

The following specific issues were explored with both maximum security women and relevant CSC staff:

- Maximum security women's opinions of why they are classified maximum and their perspectives regarding criteria for a maximum security classification;

- Perspectives of the risk and need factors of maximum security women and perspectives on addressing these factors;

- Identification of factors which motivate maximum security women to work toward reducing their security levels and participate in programming;

- Perspectives on what CSC's role should be in facilitating the reduction of women's maximum security classification levels;

- Opinions on existing policies, procedures, and programs that CSC has available for women to reduce their security level from maximum to medium; and
- Determination of staff and facility characteristics that facilitate, interfere with or are conducive to the reduction of maximum security levels.

1.2 Research Methodology and Data Analysis

The present research has utilized qualitative methods to explore how women experience, interpret and understand their incarceration and the factors that led to it. The rationale for utilizing qualitative methods is twofold: first, the small number of study participants seriously limits the applicability of quantitative analyses; and second, qualitative methods are particularly well-suited to exploring the complexity of the research questions at hand.

An attempt to connect personal experience within a social context is integral to qualitative analysis and explicitly accompanies qualitative research endeavours. Qualitative research seeks to elicit and name this experience as well as to contextualize it. It uncovers participants' lived experience and offers alternative interpretation. Qualitative research is well-suited to attend to gender, race, and class analysis.

Generally, qualitative research is seen as a way to gather data without imposing existing frames and expectations. "The openness of qualitative inquiry allows the researcher to approach the inherent complexity of social interaction and to do justice to that complexity" (Glesne & Peshkin, 1992, p.7). In comparison to quantitative approaches, qualitative techniques are seen as more conducive to the exploration of the entire context and to considering multiple, interacting influences; in short, emphasizing meaning over measurement. Moreover, particular qualitative techniques – for example, interviews – facilitate the researcher investigating the subjective significance of experience from the participants' perspectives. The role of the qualitative researcher is to convey with integrity participants' views and understandings of their experiences.

The two-fold approach to this research initiative involved:

1. Generating primary research data gathered from qualitative research;
2. Integrating relevant secondary data already available on the population of maximum security women.

Primary research data were collected through the use of qualitative interviewing techniques. Specifically, in-depth, voluntary personal interviews were conducted with 14 of the 15 non-Aboriginal maximum security women. Six women were located in Springhill Institution and eight women were located in the Prison for Women. Personal interviews and focus groups were also conducted with 20 CSC staff (namely, Case Management and Correctional Officers). At each facility, supplementary interviews/discussions were held with psychologists, program delivery officers, and senior management.

A semi-structured interview guide was used for the interviews/focus groups (Appendix A). The use of this questionnaire design permits the inclusion of structured questions in order to ensure that all interviews cover the same topic areas and ensures that comparisons of responses to specific issues are possible. The design also allows for the inclusion of less structured or open-ended questions which permits a more thorough exploration of certain areas or issues than is possible with a structured questionnaire format. The semi-structured design creates the opportunity to engage in a discourse which, in turn, invites participants to relay their lived experiences and personal perspectives in a manner that is reflective of their own language, experiences, and truths. Furthermore, this design provides the interviewer with the opportunity to identify participants' volunteered, elicited, or probed responses to specific questions, and to differentiate between these types of responses.

Prior to any interviews/focus groups taking place, informed consent forms were distributed and signed by all participants. All interviews were audio-recorded with the consent of participants. (The interviews were audio-recorded in order to facilitate the interviewer's ability to truly engage participants in a discussion – a task that is challenged when detailed note-taking is required.) On average, interviews with the maximum security women had a duration of two and one-half hours for women in the General Population Segment and one hour for women in the Special Needs Population Segment (these population segments are explained in Section 2.1). Staff discussions/ meetings took approximately one and one-half hours.

From the audio-recordings, verbatim transcriptions were created from the interviews with the maximum security women, while content analyses were done for the discussions/meetings held with staff. This material was then analyzed using a thematic approach: a method of organizing material in relation to themes in an attempt to do justice to both the research questions and the experiences of those interviewed. Common and divergent themes were identified and drawn out. The perspectives of the maximum security women are prevalent throughout this report presented as direct quotations appearing in italics. To maintain anonymity, each woman was assigned a pseudonym. Given that the focus of this study is on the inmates' perspectives, information gathered from staff is summarized in Part C and presented more broadly in the form of dominant themes. Again, direct quotations appear in italics, however they are not used as frequently and staff positions are not identified).[4]

Where pertinent, Offender Management System (OMS) and client files were utilized as **secondary data.** This was done in order to supplement and/or clarify the primary data collected, and in some instances to assess the level of agreement between women's perceptions of certain measures or institutional events (e.g. needs assessments, participation in programming, institutional incidents) and the institutional record of such measures or events. All secondary data were reviewed *following* the collection of interview data.

It is, however, important to emphasize that the findings reported here must be interpreted with caution and in relation to the particular context of the study population. The necessity of giving careful consideration to the findings is due to the small number of study participants, the fact that this is a relative population in time, and a reliance on self-reports, which are susceptible to the possibility of interviewees' biases.

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[4] With respect to the use of direct quotations in this report, where necessary to maintain anonymity certain identifying information has been omitted or altered; text placed in square brackets ([ ]) indicates altered material or clarification added by the researcher.

Throughout the report, results of the interviews with the women are communicated on the basis of the total study population (n=14) and in terms of the population segments discussed in Section 2.1. Responses and themes are reported descriptively but often include counts and percentages (of the total or of the segment). Such frequency data are not provided for the staff perspectives. However, the dominant themes presented were prevalent in a majority of those staff interviewed. Any exceptions to dominant themes are so identified.

1.3 Security Classification

Security classification determines placement of inmates, inmate eligibility for unescorted temporary absences (UTAs) and work releases as well as the frequency and duration of such absences. The use of standardized classification instruments to support professional and clinical assessments is intended to minimize subjective bias and assist in defining correctional strategies. The premise for offender security classification is that measurable differences exist among offenders. This premise is supported by research that demonstrates offenders can be grouped into distinct categories according to their institutional adjustment, their escape risk, and their risk to public safety should they escape (Luciani, Motiuk & Nafekh, 1996; Andrews, Bonta & Hoge, 1990). Although the majority of classification research has involved male offenders, recent studies by Blanchette (1997) and Blanchette and Motiuk (1997) demonstrated that current CSC classification strategies do appropriately differentiate women offenders as well.

The Custody Rating Scale (CRS) was introduced by CSC in 1988 as a tool to assist in the assessment of initial and subsequent security classifications. The CRS consists of two, independently scored subscales – a five-item Institutional Adjustment subscale and a seven-item Security Risk subscale. As scores increase on either subscale, the predicted security classification also increases. Recently, Luciani et al. (1996) have shown the CRS to be a reliable and valid classification tool with practical utility for both male and female offenders. As per the Commissioner's Directives (505; Security Classification of Inmates), inmates shall be assigned the lowest security classification deemed suitable to meet their needs.

Initial security classification

According to the Offender Intake Assessment (OIA) Content Guidelines, the OIA process involves the timely and systematic analysis of significant information that is predictive of risk and needs. This analysis is conducted through the application of tools and policy guidelines developed specifically for this purpose. The information collected through the OIA process forms the base for preparing, monitoring, and evaluating correctional plans for the offender. The following is among the information included in the OIA:

- A complete profile of the offender's criminal and social history, including offense cycles, treatment outcomes, and victim impacts;
- A rating of the risk for criminal re-offending;
- A security classification rating;

- A prioritized listing of needs related to reducing the risk of re-offending;
- A rating of needs level;
- A basis for both long- and short-term correctional plans.

Review of security classification

Security classification is assessed on a quarterly basis for maximum security women, or, following an institutional incident where concerns may warrant the consideration of an increase in security level. The quarterly reviews are conducted with a view to assigning women the lowest security classification deemed suitable to meet her needs.

Reviews of security classifications are comprised of three main dimensions: institutional adjustment, escape risk, and public safety. Each dimension is comprised of numerous elements, each requiring a score. Specific elements of the dimensions are as follows:

Part 1: Institutional Adjustment

- violent incidents
- disciplinary convictions
- continuation of criminal activities
- administrative interventions
- behaviour and program participation

Part 2: Escape Risk

- escape/attempted escape
- sentence status
- other concerns (unusual circumstances that potentially increase escape risk such as custody battle, gambling/drug debts, etc.)

Part 3: Public Safety

- violent incident(s)
- program participation
- mental illness or disorder
- other public safety concerns (information suggesting that the inmate will likely commit a serious offence upon release)

According to the Commissioner's Directives (505; Security Classification of Inmates), maximum security inmates are defined as those who receive ratings indicative of

1. a high probability of escape; and
2. a high risk to the safety of the public in the event of escape; or
3. a requirement for a high degree of supervision and control of the inmate's activities within the institution.

2 STUDY POPULATION BACKGROUND

In this section, the inmate population of this research study is described. This description includes an explanation for having segmented this population in the report as well as a summary of certain demographic information pertaining to participants' personal, offence, and institutional history.

2.1 Study Population and Population Segments

Population

All non-Aboriginal maximum security women offenders were offered the opportunity to participate in this project and all but one agreed to participate (93% participation rate). Consequently, the interview data for the maximum security women offenders are population rather than sample data. Because it is a statistically small population, generalizing data results is highly limited—data should be interpreted as speaking primarily to this population in time.

Population segments

Although the non-Aboriginal maximum security women offender population is limited in size, interviews with both inmates and staff revealed that this population is heterogeneous. Therefore, to consider this population only as a whole would be misleading and problematic. The extent to which this population is heterogeneous is illustrated in the responses of the women and staff, which are often clearly differentiated in terms of sub-populations.

There are a number of possible constructions of sub-populations depending upon the weight assigned to such factors as the degree of cognitive ability/functioning, the degree and nature of mental health issues, anti-social behaviour/criminal attitude, length of sentence, accommodation issues/concerns, and any and every possible intersection of these factors.

This population of non-Aboriginal maximum security women offenders can be differentiated on the basis of the following three identifiable, *but not mutually exclusive* or *fixed*, sub-populations:

1. Those with serious problems regarding anti-social behaviour, criminal attitudes, and institutional adjustment (typically housed in the General Population);

2. Those with special needs resulting from serious emotional and mental health issues (typically housed as Special Needs); and

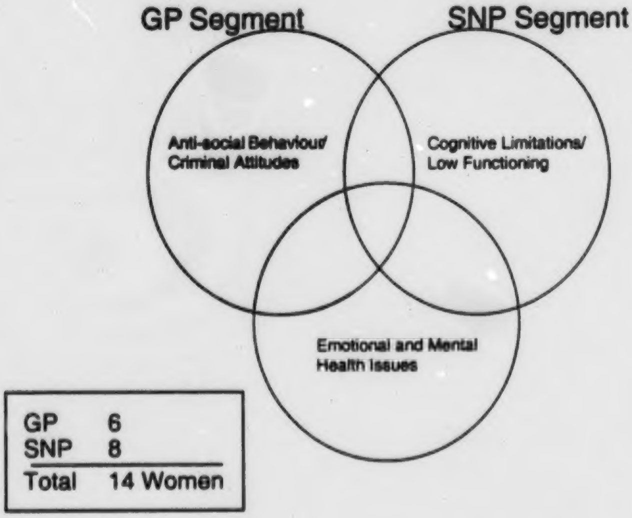
3. Those with special needs resulting from cognitive limitations and basic skill deficits (physically located with either of the two previous sub-populations, but typically considered and/or housed as Special Needs).

These three sub-populations are evident in data generated from the present research and are consistent with Warner's (1998) three "constellations of special needs" groups. In the present research endeavour, it was observed that the distinction between the latter two sub-populations were often blurred by inmates and correctional officers. These two sub-populations were frequently grouped together and considered as "Special Needs." To varying degrees this is also evident in other related research (Rivera, 1996; Whitehall, 1995) designed to consider women with special functioning and mental health needs in comparison to the majority inmate population.

For a variety of reasons including the research population size, the desire not to break this population down into very small categories, the similarities across the interviews of the latter two sub-populations, and common blurring of these two sub-populations by inmates and correctional officers, it was deemed appropriate *for the purpose of this report* to separate the population more broadly into only two population segments: General Population (GP) Segment and Special Need Population (SNP) Segment. These segments, in part, serve as an organizing parameter for this report. However, while data are organized around these two segments, it is done with the understanding that there are three sub-populations and that any interventions involving this population must consider this context.

Figure 1 visually illustrates the composition of the two segments:

Figure 1


GP Segment
SNP Segment
Anti-social Behaviour/ Criminal Attitudes
Cognitive Limitations/ Low Functioning
Emotional and Mental Health Issues
GP 6
SNP 8
Total 14 Women

The GP segment was comprised of women who were classified maximum security because of anti-social behaviour/criminal attitudes or because of anti-social behaviour/criminal attitudes and emotional/mental health issues (there were no women with diagnoses under the *DSM-IV* Axis I classification[5] of Schizophrenia and Other Psychotic Disorders, or with other Axis I disorders that may present with psychotic symptoms (but not as defining features). This latter group could

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[5] The *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition* (*DSM-IV*), presents a multiaxial classification system for assessment of mental disorders. According to the *DSM-IV*, Axis I is for reporting all the various clinical disorders in the Classification except for the Personality Disorders and Mental Retardation.

reside for long periods of time in the general maximum security population. The shaded area in Figure 1 represents this GP segmentation visually.

The SNP segment was comprised of women who would be placed in either of the other two sub-populations or any other intersection.[6]

Finally, with respect to the construction of population segments, there are three points that must be stressed:

1. **Terminology**. The term *special needs* could be viewed as misleading since all the maximum security women should be considered as having special needs. Therefore, the use of the term in this report is intended to capitalize on the practical or operational differentiation that exists between women who can, for long periods of time, function within the general population and those who cannot, with the latter being designated as Special Needs.

2. **Maximum Security Classification**. It is important to emphasize that those classified as maximum security are reviewed on the bases of ratings on the three dimensions discussed earlier: institutional adjustment, escape risk, and public safety. To be clear, women are not classified maximum security solely on the basis of having serious emotional and mental health issues and/or cognitive limitations/basic skill deficits.

3. **Sub-Population Construction**. The construction of sub-populations and population segments is subjective, and these constructions are not mutually exclusive or fixed. Specifically, there can be considerable overlap and blurred distinctions between sub-populations; while some women's location in a particular sub-population may remain fairly static, other women's placement could move from one sub-population to another based on a variety of fluid and not always readily discernable variables (e.g. medication, situational stressors, overt behaviour). In short, the consideration of sub-populations and population segments is very useful for understanding broad differences in the issues, needs, treatment and management of the maximum security women population, but any such consideration must be done with an eye to subjectivity, fluidity, and context.

2.2 Study Population Demographics: Personal

- The 14 women interviewed ranged in age from 23 to 48 years old, with a mean and median age of 32 years (SD=7.8 years) and included one black woman and 13 white women.

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[6] Although structurally, both Springhill Institution and P4W have the capability to separately house those who are deemed "Special Needs" inmates, and both are currently doing so, this was not the basis for determining which sub-population women would be grouped in for this report. Rather, the bases for determining women's sub-population placement in this report was their rationality as exhibited in the interview procedure and their cognitive ability/functioning as assessed through a variety of sources (OMS files, staff interviews). Nevertheless, only three women were placed differently in this report than where they are currently being housed; in other words, there was 80% agreement between their population segment placement for the purpose of this report and their current unit housing.

- Generally, women in the GP segment were younger than women in the SNP segment. The mean age of the women in the GP segment was 28 years (SD=5.9 years) compared to 35 years (SD=7.8 years) for women in the SNP segment.
- All of the women identified themselves as presently single; five of the women (36%) were divorced. Six of the women (43%) were mothers (2 GP, 4 SNP).
- The amount of formal education women had completed ranged from Grade 5 to Grade 12. In the GP segment, three women had completed Grade 12, two had completed Grade 10 and the other had completed Grade 8. In the SNP segment, one woman had completed Grade 12, three had completed Grade 8, and the remaining four women had completed Grade 5.

2.3 Study Population Demographics: Offence

Type of offence

- In terms of their original sentences, all 14 of the women had been convicted of at least one violent offence (according to CSC classification). Included among these offences were: homicide (2 women), robbery (5 women), assaults (2 women), sex assaults (1 woman), and arson (4 women).

Aggregate sentence length

- Table 1 shows aggregate sentence lengths for women in the GP segment and women in the SNP segment.

Table 1
Aggregate Sentence Length

	GP Segment (n=6)		SNP Segment (n=8)	
Sentence Length	**#**	**%**	**#**	**%**
2 Years	0	0	1	12.5
2+ – 3 Years	1	16.7	4	50.0
3+ – 4 Years	1	16.7	1	12.5
Subtotal ≤ 4 Years	2	33.4	6	75.0
4+ – 6 Years	2	33.3	0	0
6+ Years	2	33.3	2	25.0
Subtotal > 4 Years	4	66.6	2	25.0
Ave. Sentence Length	**5.20 Years (SD=2.0)**		**4.90 Years (SD= 4.2)**	

- The women's sentences range from 2 to 12 years. The average sentence is approximately 5 years (SD=3.3 years).

- Although there is not much difference in the mean sentence length between the women in the GP and SNP segments, there is a greater amount of variability in sentence length among women in the SNP segment. Specifically, five of the six women in the GP segment (83%) were serving sentences of more than 3 years (three of the women, or 50%, serving more than 5 years). In comparison, three of the eight women in the SNP segment (38%) were serving sentences of more than 3 years (two of the women, or 25%, serving more than 5 years). Most of the women in the SNP segment (five women, or 63%) were serving less than 3 years.

2.4 Study Population Demographics: Institutional

CSC's automated Offender Management System (OMS) was used to extract data related to a number of institutional variables discussed below. Unless otherwise stated, these data were obtained from OMS for the 14 women interviewed. This information was considered in order to provide a more comprehensive view of this population with respect to some of the correctional variables recorded by CSC. Statistical analyses (Chi-square test of significance) were performed to assess observational differences between population segments; not surprisingly, most of these analyses were not statistically significant (due in part to the small number of women considered in this study).

Risk/Need levels

At admission, an overall risk/needs level is determined for each offender ranging from low risk, low need to high risk, high need. The overall risk rating for each offender (either "low," "medium," or "high") is provided by the Criminal Risk Assessment component of the OIA. Data for this assessment are comprised primarily from the Criminal History Record that provides specific information pertaining to past and current offences. Data may also include additional case-specific information regarding any other details pertinent to individual risk factors. The overall rating of criminogenic case needs (again, either "low," "medium," or "high") is obtained for each offender by the Case Needs Identification and Analysis (CNIA) component of the OIA. The CNIA identifies seven criminogenic need area domains, including employment, marital/family, associates, substance abuse, community functioning, personal/emotional and attitude (specific domain areas are addressed in more detail in Section 4). In addition to providing the global rating of criminogenic need, the CNIA provides a statement on the level of need for each domain area. The CNIA is an integral component in determining the nature and intensity of programming necessary in an offender's correctional plan to decrease the likelihood of recidivism.

Table 2 provides a distribution of composite risk/need levels for those women interviewed.

Table 2
Percentage Distribution of Risk/Need Levels

Risk/Need Level	Total #	Total %	GP Segment #	GP Segment %	SNP Segment #	SNP Segment %
Medium-risk/Medium-need	3	21.4	2	33.3	1	12.5
Medium-risk/High-need	2	14.3	1	16.7	1	12.5
Sub-total	5	35.7	3	50.0	2	25.0
High-risk/Medium-need	0	-----	0	-----	0	-----
High-risk/High-need	9	64.3	3	50.0	6	75.0
Sub-total	9	64.3	3	50.0	6	75.0

- As a group, approximately two thirds (64%) of the women interviewed were designated as "high" risk, a third (36%) were designated as "medium" risk, and none of the women were assessed as "low" risk. Similarly, with respect to overall need, none of these women were designated as "low", a minority (21%) were designated as "medium" need, and most (79%) were designated as "high" need. This is consistent with Blanchette's (1997) results where maximum, medium, and minimum security women offenders were differentiated in terms of risk and need levels.

- When comparing the GP and SNP segments, some differences were noted with respect to overall risk level. Whereas half of the women in the GP segment were designated as "high" and half designated as "medium" risk, the majority of women in the SNP segment (75%) were designated as "high" risk and the remainder designated as "medium" risk.

Security classification dimensions:
Institutional Adjustment, Escape Risk, Public Safety

As outlined in Section 1.3, three dimensions are assessed/reviewed for security classification: Institutional Adjustment, Escape Risk, and Public Safety. OMS was used to obtain data on these three dimensions for the women interviewed, both in terms of initial security classification and subsequent security classification reviews. (These data were available for 13 of the 14 women.) The primary sources for this information in OMS were the OIA, Progress Summary Reports and Correctional Plans.

Security classification dimensions while designated maximum security

As a group, approximately three quarters (77%) of the women interviewed were assessed as "high" on two or more of the dimensions. A very small minority (n=2, or 15%) were assessed as "low," and then only on one dimension each (Escape Risk).

When comparing the GP and SNP segments, similarities were found with respect to the dimensions of Institutional Adjustment (all women in both segments were assessed as "high") and Escape Risk (approximately half in each segment were assessed as "moderate"). A significant difference (Chi-square, p<.01) between the GP and SNP segments was found with respect to Public Safety. Specifically, where all the women in the SNP segment were assessed as "high" in terms of Public Safety, only two women in the GP segment (33%) were assessed as "high," with the remainder assessed as "moderate." This information demonstrates high Institutional Adjustment ratings for all women classified as maximum security. Of equal importance for women in the SNP segment are high ratings of Public Safety concern.

Table 3 provides a percentage distribution of security classification dimensions for those women interviewed.

Table 3
Percentage Distribution of Security Classification Dimensions

Security Classification Dimension:		Total (n=13)*		GP Segment		SNP Segment	
		#	%	#	%	#	%
Institutional Adjustment	High	12	92.3	6	100.0	7	100.0
	Mod	1	7.7	0	-----	0	-----
	Low	0	-----	0	-----	0	-----
Escape Risk	High	4	30.8	2	33.3	2	28.6
	Mod	7	53.8	3	50.0	4	57.1
	Low	2	15.4	1	16.7	1	14.3
Public Safety*	High	9	69.2	2	33.3	7	100.0
	Mod	4	30.8	4	66.7	0	-----
	Low	0	-----	0	-----	0	-----

Note: Chi-square test of significance; * p<.01
* Information available for 13 of the 14 women (1 SNP woman missing).

Security classification dimensions while designated medium security

None of the women in this study have ever been designated as minimum security. However, six of the women (3 GP, 3 SNP) had been designated as medium security at some point during their incarceration.

When comparing the GP and SNP segments, one of the more notable differences was with respect to *when* women had experienced a lower security classification. For these three women in the GP segment, their medium security designation *preceded* their designation as maximum security. In contrast, two of the three women in the SNP segment had been cascaded down from maximum to medium security; the other woman had initially been classified as medium (briefly) and had her classification increased and lowered twice.

In terms of the women in the GP segment, in all three cases it was their Institutional Adjustment assessments that were increased to "high" (for two of the women, this went from "low" to "high") when their security designation was upgraded from medium to maximum. As well, for one woman, Escape Risk and Public Safety assessments were also increased (from "low" to "high" and from "moderate" to "high," respectively).

In contrast, there was more variability in the three women in the SNP segment with respect to what dimensions had been decreased for a lower security classification. For one woman, Institutional Adjustment and Public Safety were both decreased from "high" to "moderate," for the other two women a decrease from "high" to "moderate" in either Institutional Adjustment or Escape Risk resulted in their lower security classification. After a period ranging from 6 weeks to almost 8 months (mean = 21.9, SD=21.8 weeks), the security levels of all three women were again increased to maximum security.

Offences While Incarcerated/Additional time

According to information from OMS, nine of the 14 women (64%) committed and were convicted of new offences while they were incarcerated. In total, these nine women were convicted of 64 new offences with an average of 7 offences per woman (median = 5, SD=7.3).

All nine women had time added to their sentences as a result of new convictions; this additional time ranged from 30 days to almost 4.5 years (average = 18 months, 10 days; SD=21 months, 15 days). Four of these women increased their time by at least one third of their original sentence.

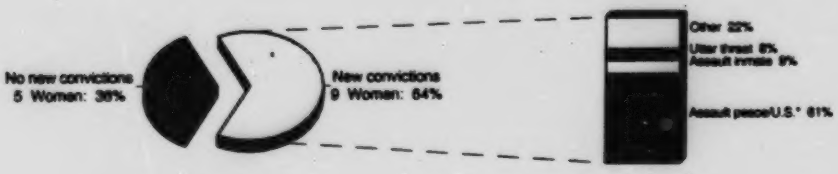
As illustrated in Figure 2, 70% of the additional convictions were assaults. Moreover, all nine women had at least one new assault conviction during their incarceration: seven women were convicted for assaults against peace officers or uniformed staff and five women were convicted for assaults against other inmates. Overall, there was no pattern with respect to the point in their incarceration that these assaults occurred. However, women in the SNP segment were much more likely to incur an assault conviction (as well as new charges) toward the approach of their release date.

In terms of assaults against staff, this group of women account for a significant portion of such incidents occurring in the institutions. Although comprising less than 10% of the entire incarcerated population, in the past 3 years these women accounted for approximately 60% of all staff assaults (even though not all 14 women were incarcerated for this entire time period).

Further information regarding offences while incarcerated/additional time is considered below, separately for the two population segments.

Figure 2

Convictions for New Offences Committed While Incarcerated



The pie figure on the left shows the percentage of maximum security women offenders who were convicted of new offences committed while incarcerated (9 of the 14 women). The column on the right indicates the types of offences for which they were convicted (by percentage, for a total of 64 convictions).

*Peace officers, uniformed staff.

General population segment

Five of the six women in the GP segment (83%) were convicted of new offences committed while incarcerated. In total, these five women were convicted of 25 new offences. On average these five women were convicted of 5 new offences each (median = 2, SD=5.6).

The amount of time added to the sentences of these five women ranged from 30 days to 3 years, 8 months and 7 days. The average amount of time added to the sentences of these five women was 19.5 months (median = 8 months, SD=22 months).

Each of these five women was convicted of assault in these additional convictions: four women for assaults against peace officers and/or uniformed staff (a total of 12 convictions); three women for assaults against other inmates (a total of 4 convictions).

Special needs population segment

Four of the eight women in the SNP segment (50%) were convicted of new offences committed while incarcerated. In total, these four women were convicted of 39 new offences. On average these four women were convicted of 9.8 new offences each (median = 6.5, SD=9.1).

The amount of time added to the sentences of these four women ranged from 3 months to almost 4.5 years. The average amount of time added to the sentences of these four women was 17 months (median = 6 months, SD=24 months).

Each of these four women was convicted of assaults in these additional convictions: three women for assaults against peace officers and/or uniformed staff (a total of 27 convictions), and two women for assaults against other inmates (2 convictions).

The 10 non-assault convictions remaining were for uttering threats (6 convictions), attempting an indictable offence (1 conviction), escaping lawful custody (1 conviction), causing a disturbance (1 conviction), and mischief (1 conviction).

Generally speaking, women in the SNP segment received less time per new conviction than women in the GP segment. However, given that they committed more offences, the overall time added to their sentences is comparable.

Percentage of sentence served as maximum security

Data from OMS were used to compile the percentage of these women's sentences that were served as maximum security.

Overall as a group, these women had served the majority of their time as maximum security (81% of time served). Approximately two thirds (64%) of these women had spent at least three quarters of their time as maximum security.

On average, the percentage of time spent as maximum security was greater for women in the SNP segment (89%, SD=20.2) as compared to women in the GP segment (70%, SD=33.6). Similarly, this is reflected in Table 4, where all the women in the SNP segment had spent 55% or more of their time as maximum security, compared to half of the women in the GP segment having spent less than 55% of their time as maximum security.

Table 4
Percentage of Sentence Served as Maximum Security

Percentage of Sentence Served as Maximum	Total #	Total %	GP Segment #	GP Segment %	SNP Segment #	SNP Segment %
< 35.0%	1	7.1	1	16.7	0	-----
35.0 – 55.0 %	2	14.3	2	33.3	0	-----
55.1 – 75.0 %	2	14.3	0	-----	2	25.0
75.1 – 99.9 %	1	7.1	0	-----	1	12.5
100.0%	8	57.2	3	50.0	5	62.5

PART B: MAXIMUM SECURITY WOMEN OFFENDER PERSPECTIVES

In this part of the report, results of interviews with the maximum security women offenders are presented. These results are organized in the following six sections:

- Women's Perceptions Regarding Maximum Security Classification
- Identified Need Areas
- Women's General Perceptions Regarding Classification Reduction
- Security Classification Reduction: General
- Security Classification Reduction: Programs
- Institutional/Structural/Organizational Factors

Generally, each section is comprised of a number of relevant sub-sections. The presentation of results in each sub-section includes a summary of that data for the whole population interviewed, followed by a separate and more detailed accounting of the answers provided by women in the GP and SNP segments. To help clarify and emphasize the data results, many direct quotations from the women interviewed are included in the data presentation.

3 WOMEN'S PERCEPTIONS REGARDING MAXIMUM SECURITY CLASSIFICATION

> *You know what, when you're a maximum – like, I feel like they're sort of saying, like that, well the maximums that are in the federal prisons...are viewed as like the most violent female offenders in Canada. And I don't agree with that. Because not everybody that's maximum is...And I know that for me, it's not in me. I don't see me as being very violent – although I have been.* (Kerry)

A number of questions that relate to the women's perceptions of their maximum security classification were explored in the interviews. Generally, the questions asked were concerned with the women's understanding of the reasons for their maximum security classification, their acceptance of their classification and feelings regarding it, and what they considered to be the effects of being classified maximum security.

3.1 Understanding of Reasons for Classification

Several questions in the interviews related to the women's understanding of the reasons for their maximum security classification. Generally, the women were aware of their security classification (n=12, or 86%), provided explanations for their classification (n=11, or 79%), and were aware of dates and explanations for any changes in their classification level over the period of their incarceration (n=10, or 71%). Women identified Institutional Adjustment factors as the leading reasons for their maximum security classification (n=11, or 79%). Six women (43%, or 3 GP, 3 SNP) had, at some point(s) during the period of their incarceration, been classified as medium security. There were marked differences between women in the GP and SNP segments with respect to awareness and understanding of reasons for their maximum security classification.

General population segment

- All women in the GP segment were aware of their maximum security classification and provided some explanation as to why they were so classified. As well, all of the women in the GP segment could delineate dates and explanations for any changes in their classification level over the period of their incarceration.

  Three women in the GP segment (50%) had been classified as medium security for a considerable proportion of their incarceration. These women admitted deliberately sabotaging this lower security level (e.g. to avoid transfer to a regional facility, to avoid parole). One of these women deliberately assaulted staff in order to have her security level raised to maximum. These kinds of behaviours would likely be reflected in an increase in a woman's Institutional Adjustment and/or Public Safety rating.

- All the women in the GP segment considered Institutional Adjustment factors as the foremost reasons for their maximum security classification.

  Institutional Adjustment factors identified included assaults, drugs, and attitude (generally negative institutional behaviour).

  > *I assaulted staff...I wanted to stay here to be with my girlfriend because she was maximum security...and I asked them* [staff] *at the time if I could stay here until I was seeing what was happening with my girlfriend and that – and they told me that no I couldn't do that – I'd have to more or less do something to become maximum security – which is what I did.* (Chris)

  > *At P4W I was a terror...assaults, being involved in the drug sub-culture in prison. I guess mainly the assaults. I mean, when you got assaults on your record they tend to up your security level.* (Kerry)

  > *...it was all a deliberate sort of thing...I knew that I had a good chance of getting a parole and I didn't want it – I didn't feel I deserved it – and so I self-destructed so that I would become max. I'm mostly max because I caused it – I put in on myself...That incident* [staff assault] *and my attitude – refusal of urinalysis...plus being disrespectful, deliberately, having an attitude...my attitude sort of kept me max.* (Alison)

  Three women in the GP segment (50%) believed that self-injurious behaviour was heavily considered in determining their Institutional Adjustment.

  > *They thought I'd be emotionally unstable – and I was back then...that was when I had self-injurious behaviour and eating disorders and all that.* (Pam)

  > *Let's say I was medium – and I was still here – say I burned myself with a cigarette or something – and they see you're unstable – they might knock you back up just for that. But it's only for hurting yourself.* (Tanya)

- With respect to the security classification dimension of Escape Risk, two GP women (33%) raised this as a partial explanation for their classification, although both were ambivalent regarding it's validity. The remaining four women in the GP segment (67%) did not identify Escape Risk as a basis for their maximum security classification, and when it was raised, they neither perceived it as a relevant consideration nor understood it in the appropriate context.

> *Because of my offence – my deportation inquiry...I think that was an escape risk – I can understand that one – a bit. But – and I've never been an escape risk before. Like, I used to work out in the yard—two times—and I could have escaped then, but I didn't. So I don't see why they put me down as an escape risk.* (Pam)

> [Although having gone unlawfully at large (UAL) while on parole.] *Well, I've never had an escape on my record...Well, I think before they might have been able to get away with saying that I was an escape risk. But I've been on a* [E]*TA* [escorted temporary absence]*...with no cuffs and no shackles – I didn't run, so...* (Kerry)

> [Although admitting: *I did escape nine times before, but not from here.*] *You know, every time I look at my sheets—you know, like my updates—it says like high needs this—this is high, that high—it says escape moderate. Well, what makes them think that? I never tried to escape from here – it should be low.* (Tanya)

- The security classification dimension of Public Safety was neither identified by any of the women in the GP segment as a basis for their maximum security classification, nor when raised, considered relevant. However, it should be noted that these women were disinclined to consider the possibility of any relationship between their institutional behaviour and how they might behave in the community.

> *I don't think that I'm going to get out there and harm anybody.* (Kerry)
> *Public safety – no, that was moderate...I figure that they just think that because of my crimes – that there was threats of violence that maybe I'd be violent in the future...I don't think I would be. It's when I'm on drugs that it makes me be certain ways...I haven't done drugs for over a year.* [This woman has twice assaulted staff within the past year.] (Melissa)

Special needs population segment

- In comparison to women in the GP segment, the eight women in the SNP segment were less likely to know that they were classified as maximum security (n=6, or 75% were aware of their classification), less likely to know dates associated with their classification and changes to it (n= 4, or 50%), and less likely to provide reasons for their classification (n=5, or 63%).

> *I never knew it until last week...and I don't know the reason why she* [Case Management Officer Institution (CMOI)] *said that I was maximum.* (Susan)

> *Because I might harm myself? That's what I thought, anyway.* (Ellen)

> *I don't know. I agree with it – I agree with it...I didn't know I was maximum – I thought I was medium.* (Nicki)

- Where women in the SNP segment provided explanations for their maximum security classification, these explanations were limited: Institutional Adjustment and Public Safety factors were the prevalent examples in explaining their maximum security classification.

> *Because I'm bad...assaults.* (Denise)

> *Because of my charge – arson. And because I hurt myself since I been here. And I've been plugging toilets...* (Clara)

> *High risk – they said I'm high risk because I have a very bad temper and I hurt people...* (Rita)

- Three of the women in the SNP segment (38%) had previously been classified medium security. One of these women deliberately assaulted staff in order to stay classified as maximum and avoid transfer to a regional facility.

3.2 Acceptance of Their Classification

Women were asked several questions pertaining to their acceptance of their classification as maximum security. Notwithstanding criticism the women expressed regarding security classification methods and/or whether or not they felt the maintenance of their maximum security classification level appropriate, 11 women (79%, or 5 GP, 6 SNP) stated they accepted the reasons for their having been so classified. Interestingly, despite their acceptance of their classification, five women (36%, or 4 GP, 1 SNP) stated that they are not what they consider a maximum security inmate to be. Six women (43%, or 3 GP, 3 SNP) felt they are presently ready for reclassification.

General population segment

- Five women in the GP segment (83%) expressed agreement with the reasons for their maximum security classification at the time they were so classified.

  Despite agreeing with the grounds for their classification, four of the six women in the GP segment (67%) argued that they are not a "typical max inmate."

> *Well I'm not like a typical max inmate or something. Like, okay, I might act like one sometimes, but I'm not one.* (Melissa)

> *I don't see myself as a "maximum security inmate." I know why I'm max, and rightfully so, I guess. I was involved in the yard incident. Two guards got hurt – I assaulted them.* (Kerry)

- Three women in the GP segment (50%) feel they are presently ready for reclassification. A fourth woman stated she was working on being ready for reclassification and feels she is becoming increasingly closer to achieving it.

- When asked what criteria should be used to classify women as maximum security, all six women in the GP segment identified violent behaviour – *outside of the institution* – as criteria that constitute reasons for this classification. Two women also stated that escape risk should be considered.

> *Well, I think people that have like a violent crime – say like people that hurt children and old people, people like that – that type of crime, that's definitely maximum security.* (Chris)

> *I think they should only take into consideration violence and escape risk. If you're an escape risk or if you're a threat to safety.* (Kerry)

Although considering violent offences outside of the institution as an important factor in determining security classification, when specifically probed regarding the issue of their *institutional* violence, four women minimized this violence and its relevance as classification criteria.

> *Like this wasn't an incident like – I didn't go and hit the woman* [staff] *with the wooden part of the broom, I didn't threaten her with any kind of a glass or anything like that – any kind of a weapon – I just kind of approached her with the straw part of the broom and that was it. Went and pleaded guilty, got* [number] *months and I had to pay legal aid...So I think that's enough – plus I did two weeks in segregation. And I'm still maximum security.* (Chris)

> *I don't think that they should take into account your behaviour inside* [the institution]. *I think that inside, the violence is about becoming a product of my surroundings...I mean, I remember, I mean – I've, I've shanked* [knifed] *a girl, you know – I've seriously hurt, you know – not guards – but – I've never, had a really, really serious assault on guards – I've had one assault where I busted a guard's nose and mouth, but not like to where I'm talking really, really violent, really hurt. But the reason I say product of my surroundings is because I did that out of fear. When it comes down to, you know, are you going to shank this person or is this person going to shank you. Or, you know, are you going to seriously hurt this person or are they going to seriously hurt you...you protect yourself and you do it out of fear.* (Kerry)

> *But you know what? I don't think of myself as violent – I really don't...I hurt this girl – well, I didn't hurt her bad, but, I strangled her and I got* [number] *months for it and stuff.* (Tanya)

> *I'm a violent offender, yes – I was violent, I was very violent – but they have no record of me being violent* [in the institution] *other than the altercation in the yard which was a minimum-type thing – like I didn't haul off and whack anybody – you know, it was sort of just pulling somebody* [a correctional officer] *by the arm, that's all it was – I didn't really physically beat them up really up or anything.* (Alison)

Special needs population segment

- Six women in the SNP segment (75%) were in agreement with their classification level (one woman was not, and another did not comprehend the line of questioning).

> *Yes, I think that they did extremely well what they did with my situation – I think that I should be a maximum security. I do. Because of my medication...I sometimes flare up and get angry. And so I do agree with their classification.* (Kim)

> *Well they're good reasons, but if they're going to put me medium I'll try my best on medium. But if they want to keep me a maximum it doesn't matter to me. They can do whatever they think's best for me.* (Clara)

- Three women in the SNP segment (38%) felt they were presently ready for reclassification.

3.3 Feelings About Being Classified Maximum Security

Interviews explored what women considered to be the implications of them being classified as maximum security. As part of this exploration, women described their feelings about being maximum security. This is differentiated from, and yet complementary to the descriptions of the effects of this classification (Section 3.4) as well as the perceived advantages of being classified down (Section 5.2).

More than half the women (n=8, or 57%) felt that there is a stigma attached to being classified as a maximum security inmate. Similarly, five women (39%) expressed feelings of distress in regard to their maximum security classification (with two of these women expressing a great deal of frustration over their classification level not having been reduced). However, six women (43%) expressed apathy and/or ambivalence in relation to their being classified as maximum security. Again, there were differences between the two population segments with respect to their feelings about being classified maximum security, with a greater proportion of the women in the GP segment acknowledging the stigma and feelings of distress regarding their classification while a greater proportion of the women in the SNP segment expressed apathy of this as an issue.

General population segment

- Five of the six women in the GP segment (83%) acknowledged that there is a stigma attached to their security classification; four of these women (67%) explained that this stigmatization has negative emotional implications for them.

> *I feel shitty – and I feel like, you know, I'm a really hateful person, you know, that I'm mean and things like that – which I'm not…I feel like, you know, a real bank robber or a real hardened criminal or something like that.* (Chris)

> *They make us seem like we're the worst prisoners ever – in the world – I can't believe it…If people got a chance to know us they wouldn't think that.* (Pam)

- Three women in the GP segment (50%) stated that being classified as maximum security was upsetting, frustrating, or of concern to them.

> *I was really upset...it really bothered me emotionally too – because I was depressed.* (Pam)

- Two women in the GP segment were apathetic and/or ambivalent regarding their feelings about being maximum security.

> *It doesn't mean anything…because to me I don't care if I'm max, medium or minimum – it doesn't matter, right? Because I feel I'll be here – in prison – for the rest of my life – so I really don't care, sometimes. I'm talking about sometimes.* (Tanya)

Special needs population segment

- Three women in the SNP segment (38%) revealed awareness of a stigma associated with their being classified as maximum security as well as negative emotional/self-esteem implications of such stigmatization.

> *Makes people not trust me…And you know, to be classified* [a] *maximum security inmate – it goes with some low self-esteem as well.* (Tina)

> *I didn't feel good about it. Because I'm not a high risk anymore – I'm not dangerous.* (Susan)

Two women (29%) were concerned with or upset by the classification.

> *It was hard…. It was kind of* [a] *scary feeling, being maximum.* (Rita)

Four women in the SNP segment (50%) expressed apathy about their maximum security classification.

> *I don't mind. It don't matter to me.* (Denise)

> *It doesn't make any difference to me what they consider me. I really don't care.* (Kim)

3.4 Effects of Maximum Security Classification

Thirteen women provided responses to questions regarding the effects of a maximum security classification on how they served their time (6 GP, 7 SNP). Ten women indicated that being classified as maximum security did affect how they served their time; however, two of these women considered the effects to be positive. Three women (23%) stated that being classified maximum security did not influence how they served their time.

The effect most frequently mentioned by the women (n=9, or 69%) related to issues of institutional placement and restriction of movement, including concerns regarding the restriction of movement and activities raised by women respondents housed at Springhill Institution.[7] Four women (31%) clarified their position by stressing that although their institutional placement affected how they served their time, at best they were ambivalent about wanting to be transferred. Approximately one third of the women expressed the opinion that being classified as maximum security affected their opportunities for programming (n=5, or 39%) and believed that their classification level meant that opportunities afforded other federally sentenced women are not available to them (n=4, or 31%). As well, four women (31%) raised issues relating to their lack of eligibility for passes and the possibility of unfavourable parole consideration as effects of being classified maximum security.

General population segment

- In explaining how their maximum security classification affected how they served their time, five of the six women in the GP segment (83%) addressed issues relating to institutional placement

- Two of the six women in the GP segment (33%), both from Springhill Institution, considered the lack of available programming a result of being classified maximum and housed at Springhill.

> *Well, I had to come to a male institution for one thing...we don't have very much movement because we are in a male institution and we are such a small part of it...There's no programs here...* (Kerry)

- Three women in the GP segment (50%) argued that their classification level means that they are precluded from opportunities afforded other federally sentenced women.

> *...that's where they put you and forget about you...the emphasis is always put on the minimums and the mediums – like they're all the priority...because they're considered the ones that are going somewhere.* (Kerry)

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[7] The restriction of movement and activities as a result of being housed in a men's facility are of particular significance for the women housed at Springhill. Since CSC does not endorse co-corrections, there are great lengths taken to ensure separation from the male inmate population in terms of accommodation, programming, and recreation areas (e.g. prohibiting any movement of the male population when women are moving from their unit to another facility in the same compound).

- Three women in the GP segment (50%) addressed issues of eligibility for passes and being perceived negatively for parole as effects of being classified maximum security.

> *Just that in all likelihood I won't be looked* [on] *very positively for ETAs, UTAs, parole. Well, it affects me in terms of placement – which institution I can be in – but I don't want to go to the new institution anyway...If I had to* [I'd re-offend again in order to stay]. (Melissa)

- Only one woman in the GP segment (17%) stated that being classified as maximum had no bearing on how she served her time.

Special needs population segment

- Women in the SNP segment were much less negative in their responses about the effects of being classified maximum security. Specifically, two of the seven women in the SNP segment who answered this question (29%) felt that being classified as maximum security *positively* affected how they served their time and two other women (29%) claimed that being classified maximum security did not affect how they served their time. This is also consistent with responses in the previous section, where half the women in the SNP segment expressed apathy or ambivalence regarding their classification.

> *Because I'm more safer maximum. I like to be with people that can help me.* (Clara)

- Four of the seven women in the SNP segment who answered this question (57%) addressed issues relating to institutional placement in their responses. However, as indicated in the quote above, some women stated that they preferred not to be in a regional facility or qualified their answers by stating both the positive and negative consequences of being housed in a maximum security environment.

> *They said they had to take me here – I had to go because I was maximum and they don't hold maximum in* [name of regional facility] *anymore.* (Rita)
>
> *Maximum inmates* [are] *not allowed to be at the new facilities – so we all gotta be here.* (Nicki)

- Three women (43%) felt their classification level affected their opportunities for programs.

- One woman thought that being classified as maximum security would be perceived negatively for parole.

> *It would look better in my parole board not to be maximum.* (Susan)

4 IDENTIFIED NEED AREAS

CSC's criminogenic need assessment protocol, the Case Needs Identification and Analysis (CNIA), delineates seven domains that are considered associated with criminal recidivism. Briefly, criminogenic needs are dynamic risk factors that are associated with reductions in recidivism when targeted with appropriate programming. The seven CNIA domains are: employment, marital/family, associates/social interactions, substance abuse, community functioning, attitudes, and personal/emotional orientation. Each of these domains consists of principal component(s), sub-components and indicators. The CNIA is part of the OIA and forms a cornerstone of the correctional plan. These needs are outlined in OMS for each offender. The CNIA is described in more detail in Section 4.3.

With respect to identified need areas, four general points are considered in Section 4:
(1) What the women identified as having led to their imprisonment;
(2) What the women considered their needs to be;
(3) The women's criminogenic needs as identified by the CNIA; and
(4) The women's perceptions regarding CNIA-identified need areas.

4.1 Factors Women Identified as Having Led to Their Imprisonment

> *My anger, my temper – I had a choice the day of my offence to…I thought I'd kill myself – but I couldn't do that – just didn't have the guts to do it. So, I wanted to make sure that I went to prison…I guess because I'd rather live in prison than on the street. Well, it's hard out there on the street. I lived out there…on the streets for a while – and didn't like it. All of my offences, since I've been an adult, are all violence. I'm trying to get control of it, you know. It's hard…I'm really impulsive, like you know.* (Tanya)

There were obvious differences in the answers of the women in the GP and SNP segments with regard to the factors they identified as having led to their imprisonment. Specifically, in comparison to the women in the SNP segment, women in the GP segment were considerably more comprehensive in their answers and they assigned a greater degree of individual responsibility to their criminal behaviour. As well, women in the GP segment more often considered the factors that led to their imprisonment as issues that needed to be addressed while they were incarcerated.

Interestingly, when asked what led to their being in prison, nine women (64%) volunteered information that corresponded with one or more of the CNIA domains.

General population segment

- Five women (83%) identified substance abuse as a factor that had led to their imprisonment. While all of these women mentioned their substance abuse in terms of their state of mind at the time the crime was committed, they less often spoke of their substance abuse as the motivating factor for the crime (e.g. robbery to support their addiction) (n=2).

- Four women (67%) identified emotional problems, in particular problems with anger and being impulsive.

- Three women (50%) identified financial issues as a precipitating factor.

- As illustrated in the quotes below, the majority of women in the GP segment attribute their imprisonment to multiple factors, often including references to long-term struggles with substance abuse and financial difficulties, rather than a solitary factor.

> *Like I was drinking since the age of 13 – but after I got divorced, I started drinking a lot more heavily and started getting involved with the criminal element. I believe that criminal behaviour isn't necessarily that you're born into it – I believe that you learn it – you adapt* [sic] *that sort of behaviour and I think I adapted* [sic] *it with the type of people I was hanging around with and also my alcohol abuse. But, on the other hand, I don't use that as an excuse for what I've done – I don't believe that it was totally the alcoholism that led me to do something like that – it was financial issues – a lot of anger, being in a couple of abusive relationships.* (Alison)

> *Emotional, definitely – well, I got to a point where, you know, I didn't care about the consequences. I had, you know, like tunnel vision – I knew what I was doing and that's what I was going to do and I didn't care if I was going to jail. And drugs. I had a problem with drugs – mainly prescription drugs – Valium, Halcion, stuff like that. Those are the factors.* (Kerry)

> *Drugs. I'd been using for about 10 years...So I committed the robbery in order to get money to buy drugs, yes. Also, my lifestyle...I was on the streets a lot, working.* (Melissa)

> *Well, I'm an alcoholic and I was having financial problems and it was just a spur of the moment thing – I was broke.* (Chris)

- Each of the six women in the GP segment volunteered reasons for their incarceration that corresponded with one or more of the CNIA domains.

Special needs population segment

- Women in the SNP segment answered the question of what led to their being in prison much more literally and with much less self-insight. In contrast to the women in the GP segment, women in the SNP segment all attributed their imprisonment to a single factor with an external, and often immediate, focus specific to the commission of their offence (such as acting impetuously or having been provoked by someone), rather than multiple factors.

> *A factor was...I had been drinking and was on medication and my head was all in a whirl when I did this – it was not planned.* (Kim)

- Related to the above point, five of the eight women in the SNP segment (63%) specifically blamed others for having caused them to commit their crime.

> *The department of social service – the welfare crowd – got me in trouble... money-wise – they were supposed to give us a cheque – and when we got our cheque it was only thirty dollars...and I went down and I told them, "Give me my cheque or I'm going to knock your face in." So that's what I done.* (Nicki)

> *...my landlord was givin' me a hard time, she was taking advantage of people... and the reason I lit the fire was that my landlord was ripping me off my money...* (Clara)

- Three women (38%) volunteered reasons for their incarceration that corresponded with one or more CNIA domains (substance abuse, financial, personal/emotional).

4.2 Women Identifying Their Own Needs

Women were asked to describe what *they* considered their needs to be. Clear differences were evident in the extent and nature of the needs expressed by women in the GP segment as compared to those in the SNP segment. All women in the GP segment and most in the SNP segment spontaneously identified one or more needs that coincided with CNIA domains. Discrepancies were noted in the self-identified needs and those identified according to the CNIA; moreover, the content of these discrepancies varied across GP and SNP segments.

General population segment

- Women in the GP segment predominantly focus on their personal/emotional needs, and to a limited extent, needs concerning their substance abuse. The women in the GP segment did not spontaneously identify the remaining CNIA domains (i.e. employment, marital/family, associates/social interactions, community functioning, and attitudes) as needs.

- All women in the GP segment stated that they have various and/or overlapping personal/emotional needs. Within the domain of personal/emotional orientation needs, women primarily focus on needs concerning their impulsivity (n=6), difficulties in coping (n=4), and anger (n=3).

> *Impulsivity...I'd probably do more harm to myself than anyone else.* (Melissa)

> *Anxiety. And impulsiveness. I guess when you have problems with rage you have anger...I was in this cycle...like – and I was always in seg* [segregation] *– you know, I'd get on these suicide trips – they'd have to cut me down, or a couple of times I went out in an ambulance 'cuz* [sic] *I OD'd, stuff like that – I was really fucked up, you know. And I'd get into these depressions. And I'd sit in my room and I'd slash myself and I'd smash my cell. And they put me in the Special Needs Unit... but I certainly don't see myself as a special needs case. I'm a little hyper, I'm a little impulsive, I have my ups and downs – who doesn't?* (Kerry)

> *I am a very – I'm an emotional* [sic] *disturbed person...the guards as well as the inmates here...they just don't understand me – they really don't understand me. And I feel like I don't fit in here, never have. And that – me being emotionally disturbed – like that really bothers me, a great deal. And I'm not getting any help from the warden or the staff.* (Chris)

> *...But then when I ended up in jail, there, like, I was slashing my throat all the time – like really slashing, like. Sometimes when I burn myself – I think about him* [person who sexually abused her] *and I burn myself. Physically it hurts – burning – but slashing doesn't hurt – you don't feel, it doesn't hurt. But burning – when I first put the cigarette out it's really intense, but you can put your mind in a place and you don't feel it...but I did this one – two weeks ago – it's almost gone now. I can't remember why I did it though – I was upset about something. Now it doesn't seem to be enough ...'cuz* [sic] *I don't do it to die – I don't want to die.* (Tanya)

> *...okay, I'm not drinking – but I still have attitude that I have to deal with...and I have to learn how to deal with people without being angry and stuff like that.* (Alison)

In the preceding quotes, self-injurious behaviour is perceived as an important issue around which women need assistance. In fact, half the women in the GP segment identified that they need help on this issue.

- Three women in the GP segment (50%) spontaneously stated that they had needs involving being survivors of sexual abuse and one of these women also spoke to her self-esteem needs.

> *Anger. Self-injury. Also sex abuse, I think. I haven't had any counseling for that since I've been in.* (Tanya)

> *Self-esteem...I never had any self-esteem. Lot of times I was suicidal – self-esteem and self-mutilation – people that think a lot of themselves don't normally do that.* (Kerry)

- Two women in the GP segment (33%) stated that they had needs concerning their depression.

- Two of the women in the GP segment (33%) identified substance abuse as a need.

> *Well, in terms of needs – I need to work on my issues, work on being impulsive, work on staying clean* [from drugs]. (Kerry)

Special needs population segment

- In comparison to women in the GP segment, the women in the SNP segment identify fewer needs and the needs that they do identify are often of a more basic subsistence nature. Specifically, women in the SNP segment identify needs that fall under the domains of community functioning (health care and hygiene) and employment (education), and less often needs that would fall under the domain of personal/emotional orientation.

> *Education. Gym. Exercise...Health care.* (Denise)
>
> *I need some help when it comes to reading – can't concentrate on reading...I have a pain in my stomach right there* [clutches stomach] – *I used to be able to use TUM TUMS, eh, but now I can't...Soap. Personal care...I can't bathe...I don't know anything else...Something like warming up my meals...bathing.* (Ellen)
>
> *Well, I need more care...and I find it hard doing certain things... Well, we have more emotional problems – we need more of a tender, loving care – than just normal care – we need more extra care provided to us than a normal person.* (Tina)
>
> *My biggest needs is my job – for money.* (Susan)

- Two of the women in the SNP population (25%) spontaneously stated that they had needs related to dealing with past sexual trauma.

> *Like I was raped and stuff – and I need to deal with that. I think about that a lot and it gets me upset.* (Rita)

4.3 CNIA Identified Need Areas (Domains)

As stated at the beginning of Section 4, the CNIA is CSC's protocol for identifying the offender's criminogenic needs. In short, the CNIA considers a broad array of case-specific aspects of the offender's personality and life circumstances, and data are clustered into seven target domains with multiple indicators for each: employment (35 indicators), marital/family (31 indicators), associates/social interaction (11 indicators), substance abuse (20 indicators), personal/emotional orientation (46 indicators), and attitude (24 indicators). An overall need level is estimated for each of the seven target areas after consideration of all indicators in that domain.[8] Offenders are rated on each target domain along a four point continuum commensurate with the assessment of need, ranging from "asset to community adjustment (not applicable to substance abuse and personal/emotional orientation), to "no need for improvement," to "some need for improvement," (indicated on OMS as "some") to "significant need for improvement" (indicated on OMS as "considerable").

Table 5a shows the extent to which CNIA domains were identified for the women, and the extent to which the CNIA identified these women as having "considerable" or "some" needs in these domains. As shown, the CNIA identified all the maximum security women as having difficulties in multiple domain areas (across all 7 domains: 81%; mean number of domains identified per woman = 5.7, SD=1.0). This is consistent with Blanchette's (1997) findings that a high percentage of needs are identified by the CNIA for maximum security woman. In fact, Blanchette also noted that regardless of security level, most federally sentenced women have difficulties in multiple domain areas. More specifically, Blanchette found that maximum security women evidenced more need (across all 7 domains: 90.1%; range was 75.0% to 97.2%) than their medium security counterparts (across all 7 domains: 70.2%; range was 23.4% to 92.6%), who in turn, had more needs identified than those classified as minimum security (across all 7 domains: 52.0%; range was 3.3% to 83.6%).

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[8] It is important to note that in providing an estimate of overall need level for each of the seven domains, more than just the number of indicators is taken into account. There is room for discretion on behalf of the assessor in terms of the weight of particular indicators. As well, information derived from CNIA indicators is complemented by psychological evaluations, behavioural observations, and supplementary assessments.

Table 5a
Distribution of CNIA-Identified Need Areas

	Study Population (n=13*)					
Need Area	Total		Some		Cons.	
Employment	10	(77%)	9	(69%)	1	(8%)
Marital/Family	13	(100%)	11	(85%)	2	(15%)
Associates/Social Interaction	10	(77%)	10	(77%)	0	(00%)
Substance Abuse	9	(69%)	6	(46%)	3	(23%)
Community Functioning	12	(92%)	7	(54%)	5	(38%)
Personal/Emotional Orientation	13	(100%)	3	(23%)	10	(77%)
Attitude	7	(54%)	4	(31%)	3	(23%)
TOTAL*	**74**	**(81%)**	**50**	**(68%)**	**24**	**(32%)**

*Data available for 13 of the 14 women (no data available for 1 woman in the SNP segment). The total percentages are based on the total number of needs possible for this maximum security population as 91 (7 domains x 13 women). The percentage calculated under the columns "Some" and "Cons." indicate the percentage of the total needs so rated.

For each of the population segments Table 5b shows the extent to which CNIA domains were identified for the women, and the extent to which the CNIA identified these women as having "considerable" or "some" needs in these domains.

The personal/emotional orientation domain was identified for all women in both the GP and SNP segments. Moreover, needs in this domain were determined as "considerable" for the majority of this maximum security population (77%), and for all the women in the SNP segment. Differences were noted between the women in the GP and SNP segments with respect to the number of domains identified and whether needs were determined as "considerable" or "some" in those domains identified. Namely, women in the GP segment were identified with more CNIA needs (mean = 6.2, SD=.4) than women in the SNP segment (mean = 5.3, SD=1.2). However, most of these domains identified "some" needs (81% of needs identified) for women in the GP segment, whereas almost half (46%) of the women in the SNP segment showed "considerable" needs in those areas.

Table 5b
Percentage Distribution of CNIA-Identified Need Areas

Need Area	GP Segment (n=6) Total	GP Segment (n=6) Some	GP Segment (n=6) Cons.	SNP Segment (n=7) Total	SNP Segment (n=7) Some	SNP Segment (n=7) Cons.
Employment	5 (83%)	5 (83%)	0 (00%)	5 (71%)	4 (57%)	1 (14%)
Marital/Family	6 (100%)	6 (100%)	0 (00%)	7 (100%)	5 (71%)	2 (29%)
Associates/Social Interaction	6 (100%)	6 (100%)	0 (00%)	4 (57%)	4 (57%)	0 (00%)
Substance Abuse	6 (100%)	4 (67%)	2 (33%)	3 (43%)	2 (29%)	1 (14%)
Community Functioning	6 (100%)	5 (83%)	1 (17%)	6 (86%)	2 (29%)	4 (57%)
Personal/Emotional Orientation	6 (100%)	3 (50%)	3 (50%)	7 (100%)	0 (00%)	7 (100%)
Attitude	2 (33%)	1 (17%)	1 (17%)	5 (71%)	3 (43%)	2 (29%)
TOTAL*	37 (88%)	30 (81%)	7 (19%)	37 (75%)	20 (54%)	17 (46%)

*The total percentage is based on the total number of needs possible for women in the GP segment as 42, (7 domains x 6 women) and for women in the SNP segment as 49 (7 domains x 7 women). The percentages calculated under the columns "Some" and "Cons." indicate the percentage of the total needs for that segment so rated.

General population segment

As indicated in Table 5b, all women in the GP segment have needs concerning five of the seven domains: marital/family, associates/social interaction, substance abuse, community functioning, and personal/emotional orientation. These latter three domains accounted for most (86%) of the needs identified as "considerable." The employment domain was identified for at least five of the six women in the GP segment, while attitude was the least identified need (n=2, or 33%).

Special needs population segment

According to CNIA data (Table 5b), all women in the SNP segment have needs concerning two domains: personal/emotional orientation, and marital family. As well, at least 70% (5 of the 7 women) also are identified as having employment, community functioning, and attitude needs. The domains of personal/emotional orientation and community functioning account for 65% of needs identified as considerable. Substance abuse was the least identified need area.

4.4 Women's Perceptions of CNIA-Identified Need Areas

Women were queried with respect to each of the seven CNIA domains. In order to prompt or increase their understanding of these domains, some explanation or discussion occurred regarding the components and indicators comprising each domain. This query was purely a descriptive exercise; by no means was the CNIA ever considered in a depth befitting its integrity as an assessment tool. Rather, the purpose of the exercise was to gain some insight as to the women's perceptions regarding their criminogenic needs and the amount of agreement or "buy-in" for women in relation to the CNIA domains identified for them.

Women in both population segments were generally aware of the seven CNIA domains and which needs had been identified for them for specific programming. Across both population segments, the overall amount of agreement between CNIA-identified and women-identified needs was 48.8% (SD=17.7%). There were only four instances where women (1 GP, 3 SNP) identified a need area (one each) that had not been identified for them in the CNIA. Again, there were marked differences between the two population segments with respect to the number of needs the women identified (with women in the GP segment identifying almost twice the amount), and the amount of agreement between CNIA-identified and women-identified needs (greater agreement in the GP segment). These differences are described in more detail below.

General population segment

- Table 6a shows the extent to which CNIA domains were identified for the women in the GP segment and in comparison to those the women themselves identified as needs (both spontaneously and following specific probing about the domains).

Table 6a
Correspondence Between CNIA- and Women-Identified Need Areas
(General Population Segment)

	CNIA-Identified		Women-Identified	
Need Area	**#**	**%**	**#**	**%**
Employment	5	83.3	2	33.3
Marital/Family	6	100.0	3	50.0
Associates/Social Interaction	6	100.0	2	33.3
Substance Abuse	6	100.0	3	50.0
Community Functioning	6	100.0	3	50.0
Personal/Emotional Orientation	6	100.0	6	100.0
Attitude	2	33.3	2*	33.3
(n=6) TOTAL	37	88.1	21	50.0

*Includes one woman who did not have this need identified on her CNIA.

In general, the table reveals that women identified themselves as having approximately half (57%) the number of needs that the CNIA identified. More specifically, on average, women in the GP segment perceived themselves as having needs in 3.5 of the 7 CNIA domains (SD=2.1) as compared to the average of 6.2 (SD=.4) domains identified by the CNIA.

The amount of agreement between CNIA-identified and women-identified needs was 54.8% (SD=21%). When considering only those needs identified by the CNIA as "considerable" the amount of agreement increased to 80% (n=5).

Women in the GP segment show a high level of concordance with two CNIA-identified domains: personal/emotional needs, and attitude needs. However, with regard to the remaining domains, there is a considerable lack of concordance (at least 50%) between need areas identified by the CNIA and those identified by the women as needs.

- Once specifically probed about the CNIA domain needs that women did not spontaneously mention, women in the GP segment concurred that they did have some other needs that they had not initially mentioned. Included were needs concerning employment, attitude, substance abuse, associates/social interaction, marital/family, and to a lesser extent, personal/emotional.

Below are examples of their comments regarding some of these needs.

> *Okay, with employment – I'm going to be working with my dad when I get out, so I don't think that that should be on my correctional treatment plan. Because I have a plan – because my dad said I could work with him when I get out... Well, it seems that they want me to take anger management – they don't think that I've like – have dealt with – like I took anger management here though – and I completed it...No I don't* [feel like I have a problem with anger], *not anymore.* (Pam)

> *The employment issue – like there was just no work. No work led to depression which led to drinking which led to "well, I have to do something besides supporting my habit"...I worked part-time, but when I'd go down to try and get some financial assistance I was turned away because I was already making some money. But what I was making wasn't enough to make ends meet. Led me to be depressed...* [Recently] *I thought about it for a long time – and I thought about, well I'm* [gives age] *– what can I possibly do to make my life better – I mean, to get a better job and to look after my* [child] *– because* [child] *is going to be living with me when I get out...Plus I'm dealing with an addiction as it is – such an addiction as it is where you can go into a restaurant and there's alcohol provided – it's just everywhere and it's socially acceptable to a point. But I find that very hard....* (Alison)

> *I need to learn – I need to find new people to be with, be around...also like being depressed a lot, slashing and stuff. I have a problem with that – and I don't know how to cope very well.* (Melissa)

Special needs population segment

- Table 6b compares the extent to which the CNIA domains were identified for women in the SNP segment and in comparison to those identified by the women themselves (both spontaneously and following specific probing).

As revealed in the table, there is a considerable difference in the extent to which women in the SNP segment identified themselves as having needs and the number of needs identified by the CNIA. Indeed, women in the SNP segment identify themselves as having only one third of the needs identified by the CNIA. More specifically, on average, women in the SNP segment perceived themselves as having needs in 1.8 of the 7 CNIA domains (SD=1.2) as compared to the average 5.0 (SD=1.1) domains that were identified by the CNIA.

There is less agreement (42.9%, SD=12.7) between CNIA-identified and women-identified needs for women in the SNP segment than for women in the GP segment. As well, when considering only those needs identified by the CNIA as "considerable" the amount of agreement was also much lower in this segment (43.1%, SD=33.5; n=7).

Table 6b
Correspondence Between CNIA- and Women-Identified Domain Areas (Special Needs Population Segment)

	CNIA-Identified		Women-Identified	
Need Area	#	%	#	%
Employment	4	66.7	1*	16.7
Marital/Family	6	100.0	0	00.0
Associates/Social Interaction	3	50.0	0	00.0
Substance Abuse	2	33.3	1	16.7
Community Functioning	5	83.3	2*	33.3
Personal/Emotional Orientation	6	100.0	4	66.7
Attitude	4	66.7	3*	50.0
(n=6) TOTAL	30	71.4	11	26.2

*Each of these three domains includes one woman (different women) who did not have this domain identified on her CNIA.

- There are marked variations between specific CNIA-identified and women-identified needs relating to all factors with the exception of their needs concerning the domains of attitude and personal/emotional orientation. Women in the SNP segment are most likely to volunteer and when probed, state that they have personal/emotional needs, rather than any other needs. It is important to note that, when specifically probed, women in the SNP segment do not think of themselves as having any needs concerning associates/social interactions or marital/family, even though this latter domain was identified 100% of the time by the CNIA.
  Once specifically probed about the domain needs that women did not spontaneously mention, women in the SNP segment concurred that they did have some other needs that they had not initially mentioned. Included were needs concerning their personal/emotional orientation and attitude.

Examples of women's comments regarding some of these needs are as follows.

> *Substance abuse – yes I'm a heroin addict. Community functioning…I think I need to change my attitude towards the police – but they have to change their attitudes about how they deal with some of the people instead of us just changing completely…well I have excessive/impulsive disorder* [sic] *– and so I need to learn how to control myself more, but they're medicating me for that.* (Tina)

> *I guess I need a bit more help about not getting angry.* (Nicki)

5 WOMEN'S GENERAL PERCEPTIONS REGARDING CLASSIFICATION REDUCTION

> *Your attitude has to change. Without a change of attitude, you're not going to be able to achieve anything or get anywhere.* (Alison)

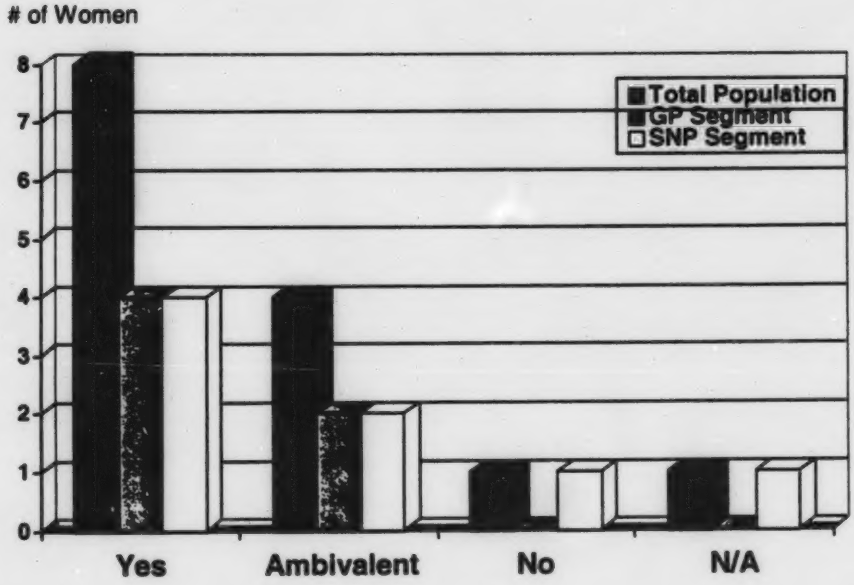
Many questions relating to security classification reduction were explored in the interviews. In Section 5, responses regarding the women's general perceptions of security level reduction are summarized. Specifically, questions considered in this section concern whether the maximum security women interviewed want to reduce their security level, whether they perceive there to be advantages of being classified down, and if so, whether there are advantages associated with a lower security classification. As well, the questions explored the women's subjective level of understanding of how security levels can be reduced.

5.1 Whether Women Want To Be Classified Down

More than three-quarters of the maximum security women (79%) stated that there had been periods of time in which they had not been interested in reducing their maximum security level or had actively engaged in behaviours to achieve or maintain maximum security. As indicated in Figure 4 below, at the time of their interviews slightly more than half of the maximum security women (57%) expressed the desire to be classified down. The SNP segment accounted for 60% of those women who did not want to be classified down.

Figure 4

Whether Women Want to be Classified Down



General population segment

- All six of the women in the GP segment expressed that for a considerable period of time at the beginning of their maximum security classification, they had little or no wish to reduce their security level.

> *When I first came here my attitude wasn't that good – I admit... Well, just talking back to the guards – I didn't really care – I didn't really think about the consequences of what I did – that's changed now. I decided that – I realized that I have to try – since I've been on the range* [moved from being housed with special needs population to being housed with general population], *this happened actually, and I wanted to get myself down to medium – so I just tried harder – I figured that I might as well do it now because it will look better for me in the long run...I don't know...Back then it didn't matter – when I first got here – the first, like six months.* (Pam)

> *Like I said...I didn't want* [to be] *medium – I was at the point where I thought there's no point in setting myself up.* (Chris)

Similarly, one woman who had on a previous occasion been classified down to medium, spoke of not having been ready for the security reduction.

> *I think when I was reclassified to medium – I think it was a little too quick...I think if I [had not been reclassified] so quickly – if my security level wasn't lowered so quickly I might have had a little bit more time to address a little more and make myself a little bit more prepared – but I really feel that I was being rushed out the door – I really do. And I couldn't understand it – because I am a violent offender and I am in for a violent crime – so I couldn't understand why would they want to hurry up and get me into society?* (Alison)

- Four of the six women in the GP segment (67%) stated emphatically that they now wished to reduce their maximum security classification and that they were actively involved in this pursuit. Moreover, these four women felt that reducing their security level was a realistic and attainable goal.

> *I never, ever saw it as an achievable goal until probably three or four months ago. But now that I see it as an achievable goal, it's worth giving it the initiative to try and reach.* (Kerry)

- Of the two GP women who were ambivalent about reducing their security level, one woman stated that she had not given her security classification much thought. She also expressed ambivalence about wanting a lower classification and about being able to attain such a goal. The other woman clearly stated that she did not want her security level reduced if it meant leaving the unit where she was currently housed.

> *I've never really thought too much about my classification, like max, so I don't really know – for me, I've been max the whole time, so I don't think about it... Well, I feel like I'll never achieve it, so what's the sense?* (Tanya)

Special needs population segment

- Five of the eight women in the SNP segment (63%) expressed having experienced long periods of time where they had no desire to reduce their maximum security classification.

> *I don't care really – I just would like to get out when it's time to go.* (Kim)

- Two of these women expressed having actively done something (e.g. assault staff) in order to maintain their classification.

> *...I never did want to go* [to the regional facility] *– I act*[ed] *out – punched out a staff member so I make sure that I won't go...Because I'm used to all the staff here – and I didn't want to change – I didn't want to go...They knew that – they could figure that out.* (Nicki)

5.2 Perceived Advantages of Being Classified Down

The women interviewed were asked for their perceptions of the differences between the ways that women who were maximum security and women who were medium security did their time as well as what they considered to be some of the advantages of being classified down to a lower security level. Generally, the women felt that how an inmate was classified did affect how they served their time – from determining where they served their time (i.e. a regional facility or a maximum security unit), to the amount of restrictions placed on their movement (i.e. eligibility for certain types of passes, etc.).

General population segment

Five of the six women in the GP segment (83%) stated that there were differences between the ways that women who were maximum security and women who were medium security did their time. Such differences included not having to wear shackles and cuffs when leaving the institution for ETAs, the possibility of getting passes, being perceived as "worth a chance," and differences in the institutions where women did their time.

All six women listed a number of advantages to being classified down. These advantages included:

- Increased parole opportunities and/or a more structured release plan (n=6, or 100%).
- The *possibility,* though not the *mandate* of transfer to a regional facility (n=5, or 83%).
- The possibility of getting UTAs and ETAs (n=4, or 67%).

- Less stigma attached to a medium security classification – both within and outside of the institution (n=3, or 50%).

  Well, I wouldn't feel like I was such a big threat going outside on my statutory release with this great big thing on my file – "maximum security." (Chris)

- Feeling that there were greater opportunities for programming at a regional facility (n=2, or 33%).

  Programs, programs, and programs. When you're maximum, you get nothing – I'm telling you. You're thrown by the wayside. You know – they feel you're not worth anything. And you feel like you're going to sit there until your MS [mandatory supervision] *or your warrant expiry – which is what maximums do if they don't get reclassified...When you're a medium, then they sort of look at – okay, this program can help you do this or that – you get a chance to go somewhere. When you're a medium you're eligible for ETA – you know, successful completion of ETAs, then you're open for a UTA, then you can get a day parole and then you can get out. You can't work your way out from being maximum – you just can't, all right. Because you can't get any TA's, you can't, you know, get a day parole. Nobody wants to have anything to do with you – you're maximum, you know. They don't know what to do with us...* (Kerry)

Special needs population segment

Six of the seven women in the SNP segment who understood this line of questioning (86%) stated that there were differences between the ways that women who were maximum security and women who were medium security did their time.

Six of the women stated there were advantages to being classified down, included among the advantages listed were:

- Structural and organizational differences between where they are currently being housed and the regional facilities (n=3, or 43%).

  You live in a house and you don't have no staff members telling you what to do. You cook your own meals. And the girls do whatever you want to do in the house. But here – you can't do nothing – just spending time. (Nicki)

- The opportunity to be transferred to a regional facility (n=2, or 29%).

- Feelings that there are more programs and more things to do for medium security women (two women linked this to being at the regional facilities) (n=3, or 43%).

  Get more things to do. (Denise)

One woman felt that a medium security classification would look better for the parole board and, because of programming opportunities, also provide a better chance of successful reintegration to the community.

> *...if I was classified medium it would give me a chance...In* [name of regional facility] *you get to have an open house, real bed to sleep on, no locked doors...you have free roam. And you get to learn cooking skills...you can't just expect a maximum security inmate, who's been max all during her sentence, and not learning no trade, no life skills, been incarcerated for a long time, and they go out – how long do you think a person who's been in prison for a couple years – and there's another person who's been medium and who's learned all these skills – medium person will go out and the other person will just fall on their face.* (Tina)

- Less restriction of movement within the institution for medium security women (n=2, or 29%).

> *It's hard to do your time in a maximum – it's easier to do your time in a regular jail, like* [name of regional facility]. *Like they got more things to do. Like from walking in the night* [being able to walk around in house] *– like you gotta be watched here all the time, being maximum. You can go to the gym – and they have crafts everyday almost.* (Rita)

- Absence of shackles and handcuffs for medium security women when leaving the institution to go to the hospital (n=1).

> *...if I was medium I wouldn't have to get shackled when they take me to the hospital outside – mediums don't get shackled.* (Clara)

5.3 Women's Understanding of How Security Levels Can Be Reduced

As indicated in Figure 5 below, more than half the maximum security women (57%) rated their level of understanding of how security levels are reduced as poor. Exhibiting good institutional behaviour was identified by *all* women as an important factor in the reduction of security classification. There were marked differences between GP and SNP women both in respect to how they rated their level of understanding and the extent of their understanding, with women in the GP segment perceiving and demonstrating a greater degree of understanding.

General population segment

- Most women in the GP segment considered the reduction of their security classification as contingent upon exhibiting a certain pattern of conformity that included good institutional behaviour and following their correctional plan.

  Exhibiting a pattern of good institutional behaviour was identified by all the women in the GP segment as an important consideration for security classification reduction. This was explained in terms of staying charge-free, being respectful of staff and inmates, having a positive attitude, not being reactionary, and being consistent.

> *I think I was really on a self-destructive pattern when I was there* [at P4W]. *I was digging my hole deeper and deeper – I didn't give a fuck about relocation, I didn't give a fuck about getting out of prison. Most of the times I didn't give a fuck about staying in – most of the times I didn't give a fuck whether I'd live to see the next morning, you know. I mean, I was really suicidal. I didn't think I'd ever get out of prison, I thought that my life would be – like, you know – that I'd be 50 years old looking back on my life in prison.* (Kerry)

- Five of the women in the GP segment (83%) identified following their correctional plan, especially in terms of actively participating in programming, including attending programs and working, as important for security classification reduction.

- Aside from programming, three women (50%) stated that it was important to be seen as working on their issues (e.g. not self-injuring, staying clean, and not exhibiting ups and downs) in order to be favorably reviewed for a lower security classification.

> *I knew what I had to do – number one was complete attitude adjustment...Well I guess, a maximum woman – I guess it's basically your behaviour, your attitude...if you're going around and you're saying well this is me and I don't care what you say...and I don't need any help because I got it all together – I think that's the big difference – as soon as you start realizing that you don't have it all together and you start reaching out for help – then you can become medium. But the big thing is your behaviour – violent outbursts, of course you're going to be maximum – dirty urinalysis, attitude, if you're not being productive, if you're not going to work, if you're not participating in programs, integrating with other inmates very well – I think that keeps you max.* (Alison)

> *Well, I think that if I stopped threatening people – hitting people – did the programs, go to the gym with the girls – the Y comes in, do that – if they see me participating, doing things, then I think that that would help. Then I think that within three months I could have my security lowered.* (Tanya)

> *Just try not to, you know, let history repeat itself...* (Chris)

Special needs population segment

- Exhibiting good institutional behaviour was also identified by all the women in the SNP segment as an important factor in security reduction. However, they did not view this as an overall pattern of attitude and behaviour per se, but rather more directly in terms of being "good," "taking one's medications," being "polite" to guards, "follow[ing] orders," and not incurring charges.

> *Okay, let me see, don't get no charges, be polite to the guards.* (Denise)

- Four of the women in the SNP segment (50%) mentioned participating in programs as important for security classification reduction.

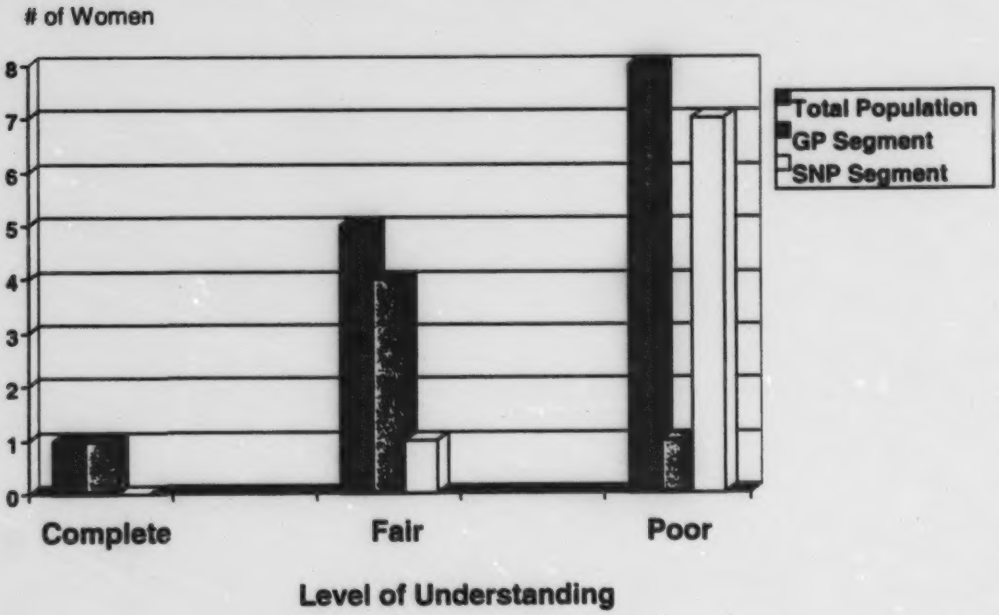
> *If I wanted to get lower status* [I needed] – *to do my programs, take my medication, and treat the officers with respect and that's about it.* (Kim)

> *Not to hurt anybody. Don't break the crimes or the rules. You can get charged from here too – you can get charged for breaking crimes...I gotta* [sic] *be good here – no charges.* (Rita)

To behave myself and not to throw things or plug toilets and do what the guards tell me to do and ignore the girls if they try to get me upset...well they want me to go to programs – but they're too hard for me. (Clara)

Figure 5

Women's Understanding of How Security Levels Can Be Reduced



6 SECURITY CLASSIFICATION REDUCTION: GENERAL

In the previous section women's general perceptions regarding security classification reduction were summarized. In Section 6, general aspects relating to the actual process of security classification reduction are discussed. More specifically, presented in this section are women's opinions regarding whose responsibility is it for reducing security levels, the security classification review process, what CSC could do to help address the reasons for their maximum security classification, and what they perceive as obstacles to their security classification reduction. Also considered in this section are women's responses to questions regarding whether they have attempted to reduce their security classification, and if so, what factors they considered helpful or not helpful.

6.1 Responsibility for Reducing Security Levels

The question was asked, "Whose responsibility is it for reducing the security levels of maximum security women – CSC's, the individual woman's, or both?" Nine women answered the question and all felt that the responsibility was shared between the woman and CSC (four SNP women did not comprehend the meaning of the question, one SNP woman did not answer the question). Changing behaviour/attitude and following one's correctional plan, including participating in programming, were seen as the individual woman's responsibility, while offering appropriate programming, presenting a willingness to alter one's perceptions of inmates, and recognizing an inmate's attempts at change were seen as the primary responsibility of staff.

> *Both. Definitely both. All the psychologists and all the guards and all the case management officers – they can't do it unless you're willing to do it. But once you're willing to do it they have to meet you half way. If you're showing effort, then I think that they should really recognize it...* (Kerry)
>
> *I think everyone should have an input into it, you know....I think that you have like a meeting – and you discuss things – because a lot of women have factors that case management might not know about – and it could be important you know.* (Tanya)
>
> *I think that everybody has to work together – that's the way that it should be...the individual, CSC, and the Warden, because she's the leader of the institution – so those should be the three people that should have work on getting the security lowered.* (Chris)
>
> *Both. 'Cus the woman got to change – change their attitude and everything and then CSC got to make sure that they be ready for it.* (Nicki)
>
> *It's the woman's responsibility to prove theirself* [sic] *– yes. But then CSC*['s] *responsibility, if they want us – the woman – the inmate – to help and reduce her level, they need – CSC – to get programs in place for them. Programs and different things in place for them so they can help theirself* [sic] *to become medium, I think.* (Tina)

6.2 Security Classification Review Process

A number of questions that relate to the process of security classification review were explored in the interviews. Questions were asked relating to women's awareness of the frequency of security classification reviews for maximum security women, whether the women were in agreement with the frequency, and their general understanding and comments on the review process, including how it might be improved.

Nine women (64%) were aware that security classification reviews were conducted quarterly. Seven women (50%) were in agreement with quarterly security classification reviews. As discussed below, women in the GP segment demonstrated greater awareness and understanding of the security classification review process.

General population segment

- All of the women in the GP segment volunteered the information that security classification reviews were conducted every three months.

- Four of the women in the GP segment (67%) were in agreement with quarterly security classification reviews; one woman thought the reviews should be every six months, another felt they should be every six weeks.

- Three of the women thought that more information about how the review process worked should be shared with the inmate.

- Four of the women in the GP segment (67%) volunteered their opinion that more people should be involved in the security classification review process; two of these women felt that the individual inmate should also be included.

> *They do it every three months, I think. I think that's good. It gives you three months just to stabilize good behaviour...I think that when they do the review the offender should be present – they have plenty of things to say, right? – instead of them* [staff] *just sitting over there and making all the decisions.* (Tanya)

> *I think they should involve the psychology department, CO2s* [Correctional Officer II; also functions as Primary Worker], *I think that everybody that's involved with the person – like maybe the Chaplain as well – everyone that interacts with the person, you know.* (Melissa)

> *...And maybe even be allowed to sit in on these meetings where they're either raising or lowering your security level. I know that they have a lot of things that they want to talk about – but when it becomes your case – like same as you're allowed to sit on your seg* [segregation] *review board if you're in segregation – I believe that you should be allowed to attend these meetings where they're talking about you and where they're deciding your life – I think that you should be able to defend yourself.* (Alison)

Special needs population segment

- Six of the eight women in the SNP segment understood the questioning regarding security classification review. Of these six women, half were aware that security classification reviews were conducted every three months.

- Half the women were in agreement with quarterly security classification reviews. Of those who were not in agreement, one woman thought reviews should be conducted every 30 days, another thought every 2 months, and one woman did not have an opinion.

- None of the women in the SNP segment offered any comments on the security classification review process as it stands or with respect to how the process might be improved.

6.3 What Can CSC do to Help Address Reasons Behind Classification

In terms of facilitating security classification reduction, women were specifically asked how they thought CSC could help them address the reasons behind their maximum security classification, particularly their criminogenic needs. Understandably, the impacts of various factors on security classification were explored throughout the interviews. This sub-section identifies those factors suggested by women when specifically asked this question.

Six women (3 GP, 3 SNP) raised programming suggestions, including the need for greater access to programs. Programming considerations will be dealt with separately in Section 7. Six women (2GP, 4 SNP) raised issues related to staffing. These concerns are presented here, however, inmate-staff interpersonal relations will be dealt with in more detail in Section 8.4. Again, there were differences noted between the two population segments with respect to both the content and extent of their suggestions regarding ways that CSC could help them address the reasons for their maximum security classification.

General Population Segment

- All six women in the GP segment volunteered the information that greater access to psychological and/or psychiatric services would help them with the reasons they are classified maximum. (These services are specifically dealt with in Section 7.5.)

- Two women (33%) suggested that more encouragement from staff would be helpful.

> *It doesn't matter what you do that's good – the negativity is always focused on. And I don't think that that's right, they should recognize the positives.* (Chris)

- One woman felt that having more things to do to occupy her time would be beneficial.

> *It's a good idea for us to be productive – to have things to do. I don't want to speak for the others but it's not always a good idea to have too much time on one's hands. Sometimes that means that everyone gets involved in everyone else's business and some people can focus in and get over involved. That can lead to trouble.* (Alison)

Special needs population segment

- The most prevalent factor identified by women in the SNP segment in regard to how CSC could help them address the reasons they are classified maximum related to staffing concerns, particularly with respect to staff sensitivity to mental health issues (n=4, or 50%).

> *Number one…I have to say staff need more training to deal – they need more training, to deal with knowing and understanding about mental illness.* (Tina)

> *…we just want our regular staff – because our regular staff knows – works well here – you got a problem, comes down and talks to you – but if you gets different staff members – that don't know what the hell is going on in this unit – causes big trouble for us.* (Nicki)

- One woman stated that there was nothing CSC could do to help her:

> *I don't think that they can help in any way – I just have to finish the time.* (Kim)

6.4 Identified Obstacles to Security Classification Reduction

Interviews explored what women considered as the biggest obstacle standing in the way of reducing their security level. Women in the GP segment were much more likely to identify obstacles and to provide considerably more detail in the accompanying explanation.

General population segment

Although the wording of the question prompted the women to identify "the" biggest obstacle standing in the way of reducing their security level, several of the women in the GP segment named more than one obstacle.

- Four women (67%) identified behaviours, namely their institutional behaviour, as the biggest obstacle standing in their way of security classification reduction. Two of these women also specifically identified substance abuse concerns.

> *I think it was the trying to stay charge-free – because it's easy to get charges here.* (Pam)

> *The drug issue…oh the other biggest obstacle is not being steady behaviour – not so much behaviour as in bad behaviour, but as in being depressed a lot and cutting myself.* (Melissa)

> *The biggest obstacle…the drugs…every three weeks, every four weeks – oh they were nailing me, nailing me, nailing me – piss test, piss test, piss test. And I'd refuse. And if I didn't refuse it came up dirty. And it's a $50.00 fine either way – so you can't win.* (Kerry)

- Three women (50%) identified a lack of support (institutional and/or family) as the biggest obstacle in reducing their security classification.

> *My fear – it was a fear of – I didn't have my family accepting me, I didn't have any support, you know, so why bother…I really believe personally if I hadn't have got over that fear and if I hadn't have reestablished a relationship with my family*

> *– I probably would have just been letting the time do me – I wouldn't have been doing my own time, I wouldn't have been being productive in a way that I am now – I would have just been letting the time do me and just waiting 'til my warrant expiry and get out and probably end up back in because I didn't deal with anything.* (Alison)

Special needs population segment

Three of the eight women in the SNP segment (38%) did not provide an answer when asked to identify obstacles to security classification reduction.

- Of the five women in the SNP segment who answered this question, two women (40%) felt that there were no obstacles in the way of reducing their classification.
- Two women (40%) identified their assaultive behaviour as the major obstacle to reducing their security classification.
- One woman felt that the parole board was her biggest obstacle.

6.5 Women's Attempts to Reduce Their Security Classification

Women were asked a number of questions related to exploring their efforts toward security classification reduction. Specifically explored were: whether they had tried to do things to reduce their security level and if so, what were these things; and what was generally helpful and not helpful when trying to reduce their security classification. Two thirds of the women (n=9, or 64%) reported having tried to do things specifically in order to reduce their security level.

General population segment

- Five of the six women in the GP segment (83%) reported having made attempts to reduce their security level. Each of these five women identified a variety of things they had attempted to do in order to reduce their security level—all involved following their correctional plan and/or improving their institutional behaviour.

> *Good performance at work – eight months at the same jobs – going to see the psychologist that's here – taking these programs now – and the adjustment that I've made on the range* [transferred to the general population]. (Pam)

> *Well, I worked with psychology, and this was the goal always – was to try and stay clean. To try and battle the drug scene. But I never, ever could do it.* (Kerry)

- One woman reported that she has tried nothing to reduce her security classification.

> *I don't know – because part of me doesn't care about it – and that's the part that usually wins out so I usually do nothing.* (Tanya)

Special needs population segment

- Four of the eight women in the SNP segment (50%) reported having made attempts to reduce their security level. Three of these four women each identified a single thing they had attempted to do in order to reduce their security level – most involved improving their behaviour (e.g. "I be good" or "I hold my temper"). The fourth woman expressed her frustration that her efforts to both remain charge free and to participate more fully in programming had not been recognized promptly.

> *The thing is, I done that and I didn't get down to medium – I never received no charges for three months, I was doing programs and they never reduced me to medium.* (Tina)

- Two women (25%) clearly stated that they were not interested in doing things in order to reduce their level; one woman stated that she was going to try and "be good" in order to reduce her classification, and the other woman did not comprehend the question.

> *Nothing – not anything…I just take it as it comes. I have nothing to say about anything.* (Kim)
>
> *I haven't tried to be good yet, but I would like to try it, yeah.* (Clara)

6.6 Factors Women Consider as Helpful When Trying to Reduce Their Security Classification

Women were asked to identify and discuss what they considered as helpful when trying to reduce security classification. Seven women (50%, or 4 GP, 3 SNP) volunteered the information that programming (explored in Section 7) was helpful to them when trying to reduce their level. There were differences between the answers of the women in the GP and SNP segments with respect to the nature and extent of the factors they identified as helpful. In particular, women in the GP segment each identified numerous factors and engaged in this question with a greater degree of interest and depth, compared to women in the SNP segment who, for the most part, volunteered one factor – usually staff related.

General population segment

The women in the GP segment identified both personal and institutional factors as helpful when trying to reduce their security classification. Their responses are grouped accordingly.

Personal factors

Women in the GP segment identified a variety of personal factors as helpful to them when trying to reduce their security level, included greater self-awareness, self-discipline and self-respect. Women did acknowledge the role of programs and psychology or counseling in helping to facilitate these personal factors (explored in detail in Section7.6).

- In their answers regarding what is helpful for them in terms of reducing their security classification, four of the GP women (67%) spoke about the importance of a positive or *good* *cycle* that broadly encompassed their attitude and behavioural change. Commonly identified in this theme were the components of: women 'doing their own time,' focussing on their own issues, distancing themselves from a guard - inmate mentality, and not being discouraged by, or upset with, institutional decisions. In order to capture the comprehensiveness of this theme, a number of fairly lengthy quotations are shared below.

> *The fact that I'm doing well here – the longer I do well, the better it makes me feel about myself, and the better I feel about myself, the better I do – so it's like a good cycle then – instead of a bad cycle where the worse you feel about yourself, the worse your behaviour, the worse you feel, the more time you get, the more crap you get. It's a cycle...like getting away from the drugs...like it was hard – sometimes – like there is a lot of fear there, because you're really anxious. But then you realize you're doing it on your own, like, when you don't react to something or when, you know, you don't slash for a month – or two months goes by and you still didn't slash. And a situation comes up that would've made you freak out or would've made you slash and you didn't. And every time like that happens it makes you feel better and better about yourself. You know, because you know you're doing it on your own...I've been drug free completely since May – and that's the first time in my life since I started using drugs that I could ever say that. I got a clean urinalysis and I felt like framing it because I never had any.* (Kerry)

> *My attitude change is what really helped me...I guess the change came to me when I landed in segregation...And the way that I got in trouble – it was just like a bop – I had nine charges right in a row – like threatening staff – then they had to come in my cell and quiet me down – they had to restrain me...But then when I went over in seg – I don't know – I was thinking about everything and I just said,* "[Alison] *you're not getting anywhere – like look where you're going – you're just going down, down, down...you were going to work on getting down to medium and you were going to go to the new institution and now look at you. You're getting caught up in everybody else's business, you're not doing your own time – you're making someone else's problem your problem – you're getting stressed out." I guess the light bulb went on and I said, "something has to change. I have to really start working on my problems because I've been bullshittin' myself." Now for about three years...I was bullshittin' myself like I had it all together – and I said "there's no way you have it all together when you're freakin' out in your cell like some sort of maniac – when there's nothing psychologically wrong with you in that area" – I'm not mentally disturbed – but I was acting like a mentally disturbed person – I really was...because I really wasn't keying into what my problem was – and that was deal with your alcohol issues, deal with anger problem, deal with things. And I remember, I knocked on the door – and my CO2* [primary worker] *was in the office and I just said to her, "can you please help me get out of prison." I said, "I really want to – I'm really ready to change." I guess I just got sick and tired of everything, sick and tired of my behaviour, sick and tired of the reactions I was getting, everything I was*

> *trying to do…and then when you start changing your attitude it begins to fit together – helps you realize, well yeah – if I change my attitude a little bit, you know, things are going to happen for me. We're going to start communicating and I'm going to start addressing the areas that I need to address…It had to be within me, oh absolutely, because people* [staff] *were trying to talk to me all this time – it's like "oh yeah, you guys don't know what you're talking about, I got it all together." But I really didn't. And I had to change inside to come as far as I've come – to come this far…and then it all started making sense – all these things people were trying to put in my head. My CMO* [Case Management Officer], *my CO2 – they knew – kept telling me you have potential, you're going to be okay, you just have to believe in yourself and have a little bit more confidence. I really didn't have any confidence…and when I began the change inside, everything started to make sense. I never developed a [received another] charge.* (Alison)

> *It starts coming naturally – since I'm doing good in one area then…as more time goes by and I keep doing good also in other areas. And since I've been doing good for like three months without – like, eating properly and all that – I find it's like – I find it hard to believe that I was that way before. When I think about it now it's like – I was a different person or something.* (Pam)

Institutional factors

Women in the GP segment identified various institutional factors as helpful to them when trying to reduce their security level. These included positive staff communication and interaction, positive reinforcement from staff, less availability of drugs, a correctional treatment plan that is perceived as appropriate and realistic, and various incentives (e.g. family visits).

- Four of the six women in the GP segment (67%) reinforced the importance that positive staff communication and interaction had for them in terms of helping them reduce their security level.

> *Well, I think the more open the communication lines are between the staff and inmates the more that it's helpful. It really helps. At first I didn't think it was helping because I still had my attitude…and I said, "oh, this is fucked – they're sitting down there trying to play scrabble with us, they're talking to us, they're asking us how we're doing – what is this bull?" Because, you know, heaven forbid if you should talk to a guard. Now when you think about it, you think is that ever silly – because you have to be out on the street, and you have to talk to people and be sociable – I mean this is silly to think this way…And okay, to talk to the guards and to communicate doesn't mean that you're being a rat, doesn't mean that you're ratting out on your friend or anything like that. It's about communication. And I mean, as long as you're doing your own time and you're sticking to your own business and you're discussing with the guards about what your problems are, then I don't see anything wrong with it…it really did help me.* (Alison)

> *It's all in the way that the staff interact with you, without having to push* [you] *over for this or that. There's a common respect there – they respect us, we respect them, it goes both ways…I have learned that just because someone wears a uniform doesn't mean that they're my enemy. And I never, ever felt that* [before] *– never, ever, you know. It's all in the interaction – staff-inmate – it works, it works. It really helps. All it takes is, you know, for them to deal with things a little differently. They deal with us a little differently, we deal with them differently. We get closer and closer to meeting in the middle, yeah.* (Kerry)

- In particular, four of the six women in the GP segment (67%) identified the importance of receiving positive reinforcement from staff, in particular that staff recognize women's attempts toward positive changes. Similarly, three women (50%) commented that it was very helpful for staff to adapt their own behaviour in response to changes in attitude and behavior that the women were making.

> *What was helpful? That as I changed, the staff seemed to change their attitude towards me. Because if they had stayed the same then it would have been frustrating on top of thinking that this doesn't work either, what do I do? I probably would have felt like I was in purgatory there and I wasn't going anywhere. But I noticed that they were changing their attitude toward me – so I said, oh, okay now I get it – give respect and I get respect back – and I do get it – sometimes there's glitches – here and there – but that's no big deal, that's the way life is you know, there's always ups and downs – deal with it.* (Alison)

> *The effort has got to be recognized. Like* [in the past] *I found that I could be good for 2 or 3 months and still nothing changed – so then I would end up going up. But* [now], *you know, you get the encouragement…when I started getting to know staff and they started getting to know me – I was really giving an effort – and they really recognized that – they recognized and you know, and they really were the first ones to give you credit for that. And that really helped…When you know you're doing it, it's okay, but when somebody else recognizes it, it makes a big difference. Encouragement.* (Kerry)

- Two women commented on less availability of drugs as helpful to them.

> *Well, there is less availability [of drugs] for one. So there's not too many times when you have to be strong – so, you know…that helps.* (Kerry)

- Two women mentioned various incentives, such as family visits as helpful to them.

> *The Little House* [private family visit house] *visits – that was* [helpful], *yeah, showing that I was able to cope and I was trusted to be out there.* (Melissa)

> *…that was the deal – if I could stay clean for three months they'd give me a family visit – and I did it once. Because when you're a maximum, you cannot get an*

> *open visit with your family. Like, if you have any kind of dirty urinalysis or anything, they wouldn't give me an open visit for two-and-a-half years, you know, with my own family...usually it's six months before they will consider giving you open visits, but in my case, I made a deal – only because she* [CMOI] *didn't think I could do it...so that was helpful for that time.* (Kerry)

- Finally, one woman commented that being given a "fresh start" was very important to her in terms of her working toward security classification reduction.

> *I think the fact that it was made clear to me that I was getting a fresh start made a difference. And that gave me a shot. It was like, yes, you know these people are willing to give me a chance, I'm going to take it...That was very important – very, very important.* (Kerry)

Special needs population segment

- Six of the eight women in the SNP segment (75%) provided answers to this line of questioning. Again the answers that were provided were brief, and all tended to concentrate on staff resources, particularly on staff encouragement and help.

> *Staff notice obeying the rules and everything. Yeah – the women here and the staff. They give me support.* (Nicki)

> *People – they all work together to try and get me there* [classified down to medium security]. *Staff. They talk to me about it – and they might be on the phone and do some paperwork about it. That's what they did last year.* (Rita)

> [Name of CMOI] – *Well, she talks to me a little bit...she's helpful. I like all the guards here.* (Susan)

> *Interacting with the guards – like instead of the guards sticking in their office half of the time – get to know the people you're working with and sit down – say, this is who I am, this is who you are. Now I need your help. You're getting paid to help me so I want you to get off your ass and start helping me – instead of sitting down doing nothing. That's how I feel.* (Tina)

6.7 Factors Women Consider Not Helpful When Trying to Reduce Their Security Classification

Women's responses to questions regarding what is not helpful to them in terms of trying to reduce their security level were very much the opposite of what they considered as helpful. Consequently at first glance, this section may appear redundant. However, the reverse position on some of these factors does provide interesting insight.

General population segment

- Four of the six women (67%) identified lack of positive recognition by staff and/or problematic staff interactions as factors that were not helpful in reducing their security level. The following quotes illustrate the women's sentiments.

> *I tried a few times – but it's really difficult. Even when you're doing well, when you're doing better – it's such a big place – it's really hard to get someone to notice. I find up there once you get the reputation, you can't shake it. I haven't seen anybody who has shaken it inside an institution.* (Kerry)
>
> *...Where I feel like I've done a lot since then to better myself. And they should be looking at that, but they just focus on the negatives. And since then I've done so much positive things – work performances and everything else. But that's what they do in here – the staff – they just focus on the negativity, the negativity... It's very frustrating – because you can go and do programs 'til you're blue in the face, get work records and all that – and it's just well – you're going to give a dirty piss test – like last year – and they're just focusing on that.* (Chris)
>
> *I guess not giving credit where credit is due – that's a big thing...if we did something good we weren't – it wasn't acknowledged, it wasn't given credit for...* (Alison)

- Although recognizing the need for a three- or four-month time period between classification reviews to monitor changes in behaviour, two women (33%) did comment on their difficulty in dealing with this time period.

> *Well, the stuff that interferes mostly – I guess the time limits – maybe. Sometimes your behaviour is really good but you still have that time limit to go through. There's a certain standard amount of time—I think it's four months or something – that you have to be charge-free following your correctional plan. I think it's hard sometimes to follow your correctional plan as far as behaviour, you know. I know I've been good for a few months and it was a long haul trying to get things done, but things are starting to work for me. But it's just more or less the time limit.* (Alison)

- Two women (33%) identified what they considered an inappropriate or unrealistic correctional plan as unhelpful in reducing their security classification.

> *The other ones* [correctional plans] *were really negative – the whole thing was all, like negative. And it was seen I thought...some of it wasn't even true – but when I just seen it all in black and white I thought that I could never change...like when I seen it* [the correctional plan] *there were a lot of areas to be addressed and I thought – I can't do this because I thought it was just too much for me to do and so little time. It made me feel overwhelmed.* (Pam)

- One woman commented on feeling it necessary and difficult to "bottle up" her emotions so as not to affect staff decisions concerning her.

> *But the one thing that wasn't helpful was that when I was mad I didn't let them* [staff] *know I was mad. If I was angry about something, I didn't let them know I was angry, so that wasn't helpful because then that makes me bottle up my anger and not express it…I didn't want that to affect how they were viewing me…but that's not helpful to hold in – I think it's good to express yourself – again, in a non-violent way, of course.* (Alison)

Special needs population segment

- Five of the eight women in the SNP segment (63%) provided answers to this line of questioning. Once again, these answers were brief, this time concentrating on negative staff interactions. It is important to note, however, that women did not associate these negative interactions as having much effect on their security classification.

> *Certain staff sometimes gets on my nerves – and then…what are you starting at eight o'clock in the morning with your attitude problem – I says, I don't know why you're working on this unit.* (Nicki)

> *They get upset – the staff – with the inmates and they shouldn't be allowed to…that's not helpful.* (Denise)

7 SECURITY CLASSIFICATION REDUCTION: PROGRAMS

In this section, the perspectives of the women interviewed with respect to the relationship of programs to security classification reduction are specifically considered. As discussed earlier, all federal offenders undergo a comprehensive and integrated Offender Intake Assessment (OIA) process. Recall that the OIA has several subcomponents: community intake assessment, initial assessment, criminal risk assessment, the Case Needs Identification and Analysis (CNIA), psychological and supplementary assessments, and a criminal profile. The OIA assessment provides for appropriate classification and contributes specific information for a summary of special concerns (if any), offender treatment needs and treatability, and perceived risk to re-offend.

Through this comprehensive assessment process, criminogenic need areas are identified and targeted for programming intervention (since criminogenic needs are dynamic factors, they are amenable to intervention). CSC has developed what are termed "core programs" to specifically address the criminogenic need areas so that the offender's likelihood of re-offending is reduced. CSC has adopted the cognitive, social learning approach to personal development training.

The Correctional Program Strategy for Federally Sentenced Women (1994) sets out the core programs for women offenders. They are similar to those for men, with one exception: the Survivors of Abuse and Trauma Programs. There is no demonstrated link between surviving violence/abuse/trauma and criminal behaviour; however, the impact of this type of victimization is severe enough to affect women's adjustment and ability to engage/benefit from other programs while incarcerated. The core programs for women are:

1. Living Skills Programs (Cognitive Skills and Anger Management)
2. Substance Abuse Programs
3. Literacy and Continuous Learning Programs
4. Survivors of Abuse and Trauma Programs

Core programs, since they are specifically targeted toward addressing identified need areas, are compulsory insofar as they do comprise part of an offender's correctional plan. Moreover, successful completion of core programs identified on an offender's correctional plan is likely to positively influence parole considerations. Consequently, core programs are distinct from the range of other miscellaneous programs and services offered, such as recreational and leisure programs, multi-cultural programs, and health programs and services. Although these other programs and services are an integral component in the overall program strategy for women offenders and may play a role in the successful reintegration of women offenders, these programs are not targeted toward criminogenic factors, have not been statistically shown to impact recidivism, and participation is interest-driven and of a purely voluntary nature.

Women were asked a variety of questions regarding programs offered institutionally. Questions asked related to their understanding of the role and perceived usefulness of programs in terms of security classification reduction, their participation in programs and factors influencing their participation, their perceptions of CSC core programs as well as miscellaneous programs and activities, their views regarding psychology/counseling, and their suggestions for new programs.

7.1 ROLE OF PROGRAMS

There were marked differences between women in the GP and SNP segments with respect to their understanding of the role of programs and the degree of importance they then attributed to programs, particularly as a vehicle for security classification reduction. There were also marked differences between women in the GP and SNP segments regarding the types of programs women participated in and found useful.

General population segment

- All six women in the GP segment considered their participation in programs a factor in security level reduction. When asked their opinion regarding the importance of programs to reducing their security level, four of the six women in the GP segment (67%) considered programs as very important (particularly, although not exclusively, core programs).

> *Well, I mean to reduce your factors you have to take programs. If there's no programs, you can't reduce your factors—it takes you longer to get out of max.* (Kerry)

> *...see a lot of the mistake they make is, "well, we'll wait till they get down to medium and they can take it* [core program] *in* [name of regional facility]*" – but I think the time is now. I mean, you want to get your security level down and if you don't have these programs, you don't really have much to show for it other than your behaviour – which is good – because you have to keep your behaviour good and everything in here – but I think there should be more parts to it than that.* (Alison)

- Women in the GP segment considered programs that were intended to address their criminogenic needs and risks, and/or their emotional distress/behaviour as particularly important.

> *Programs...help you to realize that you do have talents and you could use those talents to get a job – to feel like you're really worth something – because I think that's a big thing for a lot of women...*[programs are] *very important – I feel that without them you're just sitting and you're just doing your time and all the problems that got you here in the first place are still buried deep within and there's going to be a time when they come out – there's a big risk to re-offend there.* (Alison)

> *I think they are very important...Because I think that they contribute in a big way to the transition of being reduced from maximum to medium. To be able to get your behaviour intact, your drug use in tact, your – you know, stuff like self-mutilation.* (Kerry)

- One woman was ambivalent regarding the importance of programs, while another clearly stated that she did not consider programs important.

> *I don't find it a really important thing right now. Sure it will give me skills, but I've taken a lot of these programs at another institution – and I got all my certificates from them. And I have a hard time remembering things – so it might not help me in the future, because I might forget it.* (Melissa)

Special needs population segment

- Women in the SNP segment saw the role of programs as much more related to occupying their time with interesting things to do than with addressing their criminogenic needs; three women (38%) did comment on this connection.

> *Crafts and art expression. Gym. I like aerobics too...it's good for you to keep busy and learn new hobbies.* (Rita)

> *Programs are very important – and it shows – it brings up your self-esteem, your self-worth and your education level – and your awareness* [of] *yourself, for you become more aware of what you need to do on the street.* (Tina)

7.2 Program Participation: Motivational Issues

Interview questions explored what the women considered to be factors affecting their wanting or not wanting to participate in programs. For women in both population segments, program participation was considerably influenced by a variety of motivational variables. Women in the GP segment offered specific factors influencing their motivation, while for women in the SNP segment, the motivational variables affecting their participation in programs were generally more simplistic and situational.

Reluctance to participate in a *group* model of program delivery was specifically raised by more than half (57%) of the women interviewed. As well, issues of trust and interest had particularly salient motivational impact across both population segments. In fact, issues of trust intersected with most of the motivational variables identified.

> *Like just overall, I didn't really feel comfortable about programs... and I find it difficult to trust people that I've just met, both in terms of the other girls and also with the staff... and I think, well, I didn't really give it a chance, I didn't really open up until like just a few months ago.* (Pam)

General population segment

Interviews spontaneously revealed four prominent themes among women which affected their motivation to participate in programs:

1. Discomfort with the group model and group dynamics;
2. Program considered valuable;
3. Indifference toward programs; and
4. Something to do with their time.

Discomfort with group model and group dynamics

- Four of the women in the GP segment (67%) expressed their reluctance to participate in some, or all, programs that involved a group model. Reasons for this reluctance related to issues around fear of sharing, feeling uncomfortable and anxious, and general difficulties in trusting other participants.

> *I wouldn't feel comfortable, I would be very uncomfortable – I'd have anxiety attacks. I don't know – I just don't trust them...I don't trust people here.* (Melissa)

> *Well I think programming is important – and sometimes I wish I did more of it – but a lot of time it's the groups that keep me away from everything.* (Tanya)

- All four women had participated in at least one program that had been delivered on a one-to-one basis in an effort to accommodate this reluctance.

> *...I requested to be one-on-one because I didn't feel comfortable going to a group...because I've never been in a group setting – I've never been. I don't mind talking one-on-one with somebody, but when I'm in a group thing I just don't feel comfortable talking...especially when it's personal – when it's substance abuse. I just want that to be one-on-one because I don't feel comfortable talking about my alcohol problem in front of people.* (Pam)
>
> *Some people really don't feel comfortable in a group. They should have like, more one-on-ones, more one-on-ones would be helpful, yeah.* (Chris)

- One of the women acknowledged the benefits of group programs once reluctance to participate is overcome.

> *Because I realized that I'm not the only one that has – like problems – and other people that share – so I don't feel as different. I feel like that people are going to judge me for my alcohol and stuff, but now I don't mind....first I had to get used to talking to somebody about my alcoholism and then I could start sharing it in a group...when I first started going to AA I didn't talk, but after I started seeing* [name of substance abuse counselor] *in October, I've been going to AA every* [week] *and I share there.* (Pam)

- Concerns relating to negative group dynamics, particularly disinterested and/or disruptive attitudes exhibited by other participants, were raised by three women as influencing their participation in programs.

> *Okay – I guess I felt like I was defeating the purpose or something up in P4W – I didn't feel that it was taken seriously – because I figured – I guess it's the way the environment is – it's us and it's them. I think everybody just more or less was going just to get out on their parole. They weren't really focusing on their needs and getting down to the problem areas. I think they were just listening, or just sitting in the chair and just being there so that it would be down on paper, so it would be acknowledged that they went. I really don't feel that they were being open-minded and they were truly taking in anything.* (Alison)

Program Considered Valuable

- Considering a program to be valuable was the most prevalent motivational variable influencing the women's participation. All six women in the GP segment raised issues related to this variable.

- Their bases for considering programs as valuable included feeling that they "needed" the program, feeling that the program itself was meritous, and respecting the qualifications of those delivering the program.

> *For me, if I know that I need it, then I'm happy to participate. But if I think that I don't need it, then I don't feel comfortable in going. Like, last year I was taking cognitive skills, but I wasn't really good – I wasn't really prepared to take it last year...because I wasn't really ready emotionally back then to take it. Because I didn't think I needed it...I don't think it should be forced upon somebody unless they need it...and I just wish that I had given it a chance the first time because I probably would have been dropped to medium if I had...* (Pam)

> *I want to participate in cog* [cognitive] *skills because I really need cog skills...I don't want to participate in substance abuse because I think that substance abuse, as far as I'm concerned, is totally up to the individual.* (Chris)

> *Anyway, the programs aren't intensive enough. Like, maybe if they were more intensive I would be interested.* (Tanya)

With respect to the qualifications of program deliverers, three women (50%) stated that it is important to them that program deliverers have personal experience with the subject content (especially substance abuse and sexual abuse).

> *Well, I think* [inmates] *will be more willing to listen to someone who didn't just learn from the book – someone who's been there, you know, like with drugs, with corrections, with abuse. Someone who's been where you've been – they know really where you're at and how you're feeling – 'cuz* [sic] *they've been there.* [If they have not been there]*...then they might have good intentions but you don't think that they really know where you're coming from – they really don't know what's going on. They have a harder time pinpointing that – 'cuz* [sic] *they haven't been there.* (Kerry)

Indifference toward programs

- Four of the women in the GP segment (67%) acknowledged that there were considerable periods of time where they were indifferent toward participating in any programming. In hindsight, two of these women attributed this attitude to posturing around the "inmate code." When questioned as to what could have broken through this attitude, the women were at a loss for suggestions, arguing that the whole environment essentially reinforced this attitude and that at times they are "unreachable."

> *No, no I didn't* [want to participate in programming]*...I, myself, just wasn't interested – I was on a real self-destructive bend...I don't know how they* [CSC] *could have* [gotten through the attitude], *I don't know .* (Kerry)

> *I think then I wasn't ready to do anything...I wasn't really interested in much...especially programs.* (Tanya)

Something to do

- Regardless of whether women considered programs important or helpful, three women in the GP segment (50%) commented that, for them, part of the reason for their participation was, quite simply, that it filled the time.

> *I want to get paid. I want to do something to keep myself busy too...Anything* [any program] *– yeah, I'd do it.* (Melissa)

> *I think, you know, being productive – I think that's an important one for me because I'm the type of person – I like to move around, I like to do things with my time – like I like to have something to do all the time.* (Alison)

Special needs population segment

Women in the SNP segment were less discriminatory about participating in programs, provided fewer reasons for participating or not participating in programs, and their reasons for participation were often circumstantial. Participation was commonly influenced by their assessments of whether the programs were "boring," "difficult," or "fun."
In comparison to women in the GP segment, women in the SNP segment raised issues regarding group participation more related to situational incompatibilities between participants.

- There were differences between women with low cognitive abilities and those who functioned at a higher cognitive level in terms of the types of programs they enjoyed participating in. Namely, women with higher cognitive functioning enjoyed participating in programs that challenged their cognitive abilities and encouraged self-awareness.

> *Yeah, I like the programs. Well, I think we all need to keep learning, you know. And the more information we collect in our brain, the more thinking we do clearly, you know. And we can think from day to day what to do.* (Susan)

> *Things like education programs – well it learns you more things – it learns you more about yourself.* (Tina)

- All the women in the SNP segment enjoyed creative programs, however women with lower cognitive abilities were more inclined to *prefer* participating in these sorts of programs. In fact, these more creative types of programs were the first kinds of programs women with low cognitive abilities identified. On the other hand, programs that challenged their cognitive abilities were considered "too hard" or dismissed as "boring."

> *I like programs...crafts, sewing. 'Cus you make pretty things and you be proud of it when you're done. I picked up a stenciling book today – I hope to paint a bird and flowers.* (Rita)

> *Art...I like to paint – I don't draw all that well. Or colour, or something like that...those are the programs I like.* (Ellen)

> *I don't want to be on programs. 'Cus they are too hard for me to answer the questions – and I'm not like them* [other inmates] *– I only have grade 5 education... I tried a couple of times...a couple of weeks to do it – but it was too hard.* (Clara)
>
> *I hate programs...I don't believe in programs. They're too boring.* (Denise)

- Considerations of whether programs were valuable did not play the critical role with women in the SNP segment that it did with those in the GP segment. However, two women clearly identified this as a factor.

> *I'm not interested in any of their programs either, but I'll just do what they want me to do. I don't need them...I don't need them, but I'll take them if it means doing what they want me to do...when I go home I don't have to deal with these people. I don't need problem-solving or coping skills. I don't need that.* (Kim)

- The majority of women in the SNP segment commented on the importance of programming in terms of "passing the time," for most of these women, that, along with getting paid to participate, were considered the primary reasons for program delivery and program participation.

> *It can pass away time and you can get an enjoyment and learning out of it.* [It helps with security level reduction] *'Cus you can get your mind and soul into what you're doing.* (Rita)
>
> *Programs helps me a lot. How? It keeps me busy...something to do.* (Nicki)
>
> *Why? Money.* (Denise)

7.3 CSC Core Programs

As discussed at the beginning of Section 7, *The Correctional Program Strategy for Federally Sentenced Women* (1994) sets out the core programs for women offenders. Although not mandatory, core programs are specifically identified on an inmate's correctional plan in order to address criminogenic need areas and are offered accordingly. The core programs for women outlined in the *Correctional Program Strategy* are offered in the maximum security units. These programs are Living Skills Programs (e.g. Cognitive Skills, Anger Management, Parenting Skills), Substance Abuse Programs, Literacy and Education Programs, and Survivors of Abuse and Trauma Programs.

The women interviewed were asked a number of questions concerning CSC core programs. In particular, women were asked to describe the types of programs that are available to help them reduce their security level; specify what core programs they had participated in and/or completed; indicate whether they had considered these programs useful and if so, to explain why they thought so; and indicate whether they would like to take further programs in any of the target areas that these core programs address, and if so, why. Responses particularly relating to suggestions for improvements to core programs are discussed in Section 7.6.

Table 7 shows the number of maximum security non-Aboriginal women who have participated in CSC core programs. Data for this table were derived from both interview accounts and OMS. The table specifies participation in CSC core programs, rather than *completion* of CSC core programs. The data are presented in this way for two reasons. First, participation data are more reflective of interview accounts – women commented on particular programs based on their having participated in that program, not on whether they successfully completed the program. Second, there were some minor discrepancies between the interview data and OMS accounts with respect to women's perception of having taken certain CSC core programs. Specifically, in the interviews some of the women implied that they had taken the same CSC core program(s) numerous times (not customary CSC policy), in part because of what they perceived as a lack of varied and alternative programs available to them However, in the process of verifying this potentially distinct trend of repetitive programming in women's corrections, OMS data revealed that the women had not in fact "taken" CSC core programs numerous times; rather, the women in both population segments were particularly likely to have been repeatedly "enrolled" in these programs, but would withdraw, not successfully complete the program, or would not have successfully completed the program due to transfer or parole.

Table 7
Participation in CSC Core Programs

	General Population Segment (n=6)			**Special Needs Population Segment (n=8)**		
PROGRAM	**Participation (#)**	**Considered Useful**	**Would Like More**	**Participation (#)**	**Considered Useful**	**Would Like More**
Literacy and Education	6	5	2*	5	3	1
Cognitive Skills	4	4	3	1	1	1
Anger Management	4	3	5	1	1	2
Substance Abuse	5	2	4	1	1	0
Survivors of Abuse & Trauma	3	3	3	2	2	1

* Two women indicated that they would like to take post-secondary courses, but could not afford to.

Overall, Table 7 shows that 12 of the 14 women (86%) have participated in one or more CSC core programs. The list of core programs that the women have participated in are: Literacy and Education, Cognitive Skills, Anger Management, Substance Abuse and Survivors of Abuse and Trauma. None of the women interviewed had participated in the Parenting Skills Program. The mean and the median number of CSC core programs that the women have participated in was 2 (SD=1.7), with women in the GP segment having participated in more programs than women in the SNP segment. More specifically, all women in the GP segment have participated in one or more of CSC core programs, compared to six of the eight women in the SNP segment (75%).

The average number of CSC core programs women in the GP segment have participated in was higher than the average number that women in the SNP segment have participated in (3.7, SD=1.0 compared to 1.2, SD=1.3, respectively).

As evident in Table 7, women generally considered the CSC core programs useful (across the five programs 76% were considered useful by the women). In terms of which programs the women were most likely to consider useful, it is once again important to separately review the responses of women in the two segments, particularly given the very low number of programs the women in the SNP segment had participated in. For the most part, women in the SNP segment considered every program they participated in as useful, or 92% overall (the single exception being literacy and education, where two of the five women did not consider the program useful). In comparison, three-quarters of the programs that women in the GP segment had participated in were considered useful by them. More specifically, two programs were considered useful by all women in the GP segment who had taken them: the Survivors of Abuse and Trauma Program and the Cognitive Skills Program. In comparison, the Substance Abuse Program was the program that was least often considered useful (only two of the six women who had participated in the program considered it useful).

Literacy and Education Programs

Institutionally, strong emphasis is placed on improving literacy and education level since training in these areas is considered essential to reintegrating women to the community. Adult Basic Education upgrading is available (educational programs are governed by the regulations of the province). As well, a General Education Development (GED) preparation course that assists offenders who wish to test for their grade 12 equivalency is available. A variety of adult education methods are used, including individualized or group tutoring, and computers. Depending on a number of factors, including their level of education and attention, the women's attendance in education programs ranged from an hour per week to five full days per week.

General Population Segment

- All six women in the GP segment had participated (n=4) or were participating (n=2) in an educational upgrading program at the time of this study.

- Five of the six women (83%) enjoyed participating in such a program and found it useful.

> *I'm really getting into my schoolwork to get my certificates...I used to hate school, now I'm starting to enjoy it because I feel that I'm doing something and I can see that I'm getting something out of it, and I get some feedback from it. And I don't feel like I'm as stupid as I used to feel I was...I'm going to continue going to school* [upon release]. (Chris)

- Two women completed their Grade 12 equivalent (GED) during their incarceration.

> *I think my self-esteem is a lot better...it's building up, you know. When I accomplish something...like I got my Grade 12 Diploma a little while ago – and that gave me a lot.* (Kerry)

- One woman found educational upgrading too difficult to concentrate on given her emotional state. School interfered with her ability to deal with her emotional issues; she appreciated an adjournment from this program.

> *School wasn't helpful. Because I had too many other things – I was concentrating on doing programs, like one-one-one counseling and stuff...so school was getting in the way and school was just too hard for me at the time and it happened to be on my correctional plan...I think they allowed me some time off from it.* (Melissa)

Special Needs Population Segment

- Five women from the SNP segment (63%) had participated in educational upgrading programs; three were still doing so. Four women commented that such programs were difficult and frustrating to varying extents.

- Three women considered educational programs useful; two women considered educational upgrading programs as beneficial beyond filling time and getting paid.

> *I'm trying to get to Grade 12. I just want to get my Grade 12 – it would help me because I would be proud of myself. So when I get to Grade 12 I could show it to me* [sic] *friends – so that I've done something in my life.* (Nicki)

Cognitive Skills

The Cognitive Skills Program is a 72-hour program with a multi-faceted approach and designed to be consistent with the principles of effective correctional treatment. The training attempts to assist the women by focusing on learning skills to help them manage their life more effectively, and by focusing on thinking skills that impact on their behaviour, problem-solving, and decision-making abilities, alternative and consequential thinking, critical reasoning, creative thinking, and social skills.

General Population Segment

- Four of the women in the GP segment (67%) had participated in cognitive skills programs. All four considered the cognitive skills program as very useful. The women identified cognitive skills programs as particularly useful in helping them deal with their impulsiveness and attitude.

- Three of these four women, along with another woman from the GP segment, emphasized that they would like to participate in more cognitive skills programming.

> *...because before I never used to know how to deal with a problem. I'm a very impulsive person – when something came up, I just acted immediately. Now I'm learning that I have to sit back, and look at that, and see, well, is this going to cause me more damage, or is this going to affect just myself or like what is the outcome going to be—long-term, short-term—and that's why I feel that that program is very helpful to me.* (Chris)

> *I think that the priority number one is cognitive skills – that's where your attitude adjustment comes in – your criminal beliefs and attitudes, your social skills... you're not going to deal with your substance abuse if you're not listening. If you're being closed-minded and you're too angry, you're not going to be able to be open-minded and start dealing with your substance abuse if you have all this anger and this attitude inside you. So, I really believe the cognitive skills and the anger management should be first. And then, once you start listening and you start understanding what's inside and what's making you feel angry and what's giving you this attitude, then you could start dealing with why you turned to substance abuse.* (Alison)

Special Needs Population Segment

- One woman from this segment had participated in cognitive skills programming. She considered it useful, although also recognized the negative impact of its degree of difficulty.

> *I used to take it – I find that hard…maybe make it not so hard, that would be good.* (Nicki)

Anger Management

The Anger Management Program addresses anger issues for women. The program provides participants with a clearer understanding of the elements and sources of conflict, how it escalates and how it is defused, and builds skills that allow the participant to express anger and deal with conflict in a more healthy and constructive manner. The women are presented with techniques in listening and communication skills, anger management, and clarifying assumptions.

General Population Segment

- Four women from the GP segment had participated in anger management programming; three of these women found the program helpful. Anger management is meant to be helpful in providing women with new skills to avoid violent reactions and to deal with stressful and tense situations. As well, women spoke to the value of learning to understand their anger and identifying what makes them feel angry. One woman suggested that these sessions also provide a place for one to take their anger and express it.

- All four of these women felt they would benefit from further anger management programming and indicated an interest in taking more such programming.

> *...your anger management is a big one here...it's so stressful and the tensions are usually high because of it – everybody's pretty well in everybody's face...I really feel I benefited from* [anger management], *but I feel like I could do it more. Well, I guess it sort of gave me a tool to work with. I mean, it's just coming to the realization that there is other ways to cope with your anger – is help right there. If you never knew any other way to cope with your anger other than physical violence or shouting matches. then that's all you know. But just to have the acknowledgment that there is something else there that's different choices – I think it's the beginning of helping yourself. But I think furthering that – like*

> *having more regular anger management sessions – it's a place where you can go and take some of your anger – whether it's role plays, or just, you know, the rubber bats or whatever they use, or little dolls or whatever it is – all those things really help because it's somewhere where you can take it and it takes it outside the unit. It helps get the stress down, and helps the girls – kind of, laugh a few minor things off where you wouldn't really laugh them off at one time – you'd probably react to them. But you could laugh things off a lot more and realize that it's not really a big deal.* (Alison)

> *I'd like more anger management-type programs. I think – people skills – like cognitive-type stuff – like how to deal with situations that you're involved in or without violence – learning how to be assertive instead of aggressive or passive.* (Kerry)

- One woman critiqued the program for being "unrealistic" and "vague" in terms of providing an understanding of the root of her anger.

> *I took anger management...I didn't get much out of it. Some of it seemed very unrealistic. Like, sit down and write – well, when I'm really angry I can't sit down and write – I can't do that...I think it's up to me, if I want to stop being angry – and accept the fact that people don't make me angry – I make myself angry. The program was really vague like – I would like to understand more of why I'm going to get angry.* (Tanya)

Special Needs Population Segment

- One woman from the SNP segment had taken an anger management program. She found it useful, but the content difficult.

> *Anger management program – yeah, give us more time doing it…It didn't help anybody because we had to do it fast.* (Nicki)

Substance Abuse Programs

CSC Substance Abuse Programs are based on the Model of Change (see Prochaska, Norcross, and DiClemente, 1994). The Substance Abuse Program for Women is designed to provide participants with a safe environment in which the information and skills necessary to change their lives are provided. The program is also designed to help increase positive alcohol- and drug-related behaviour through participant determined lifestyle changes, improved social skills and self-efficiency. Relapse Prevention Programs are also offered; these programs are designed to help women identify and manage relapse warning signs, to develop a schedule of recovery activities that will support ongoing warning sign identification and management, and to support women who want to maintain the positive changes they have made in their lives.

General Population Segment

- All women in the GP segment had substance abuse identified on their CNIA as a need area. Five women in the GP segment had participated in CSC substance abuse programming. As well, two of the women had also participated in Relapse Prevention Programming.

- Four of these women indicated that they would be interested in taking additional substance abuse programs; three women expressed an interest in ongoing substance abuse programs.

> *It* [substance abuse] *was a very high need – I don't know how they understand addictions or anything like that, but I get the impression that they think "okay, she'll take this course" – and it's just like a course, it's almost like we're taking a math course or something – "and when she's done she'll be okay." But alcoholism or any kind of addiction is a lifetime issue that you have to continue to deal with for the rest of your life. It needs to be ongoing.* (Alison)

- Three of the women indicated that they would prefer receiving a more structured program for substance abuse.

> *I think a structured substance abuse program – something that's structured – not something that's so informal.* (Melissa)

> *You have to have both the literature and the interaction...that's what I'm saying. You have to have the literature along with it...but I don't think I had a chance to really get in touch with my feelings and how I was feeling about things. It was a lot of – you got to do this homework assignment and that homework assignment – which is good and the girls need more of – but I remember I talked to them about that. I said, I really don't feel like I'm getting all that help because all this data I'm not understanding, things aren't being explained to me properly, I'm not getting in touch with my feelings.* (Alison)

- For the most part, women recognized substance abuse programming as important. However, one woman felt that it was over-emphasized:

> *...you can sit here and you can take substance abuse for 25 years and get out there and take some heroin and go to the bar – you know. I think everybody knows what substance abuse is about and what it does to them...So that's really something that they shouldn't drive at. So we need it, yeah, but it really shouldn't be like the main factor.* (Chris)

- As mentioned earlier, the qualifications of the program deliverers was an important point in the context of substance abuse programs:

> *I think, a lot of the programmers...really haven't been through it. They really haven't even abused any substances in the first place. They don't know what it's like to need – like we feel that we need. A lot of people mistake it for a want. I*

> *really don't believe it's a want or I really don't believe it's a craving. I believe it's a need, a need to have something – some sort of crutch to get through life. And until they understand that it's something that we need and help us to change the fact and realize that we really have other areas – like we have other choices.* (Alison)

Special Needs Population Segment

Unlike all women in the GP segment, substance abuse was not as commonly identified as a criminogenic need area (CNIA) for the women in the SNP segment (n=3, or 43%). Only one woman in the SNP segment had participated in substance abuse programming, and she did not complete the program.

Survivors of Abuse and Trauma Programs

The Survivors of Abuse and Trauma Programs are unique to the women offenders. The programs have been designed to assist women offenders to deal with and work through the violence that they have experienced, including childhood sexual abuse, sexual assault, partner abuse. Use of the term "trauma" allows for consideration of the different forms and the intensity and duration of victimization that women may have suffered. Education/awareness programs about abuse and trauma as well as more in-depth "therapeutic" programs are offered.

- The women in both population segments (3 GP, 2 SNP) considered the abuse and trauma programs useful.

> *...somewhere down the line, whether it's five or ten years from now, I want to get into a relationship. That's why I need the woman's abuse program: to stay away from an abusive relationship, to know the earlier signs of an abusive relationship – because I didn't know it back then.* (Pam)

> *...she* [the counselor] *came in to deal with sexual abuse...and she's someone, she's going to be using her past – you know, she's a survivor of sexual abuse – so she can identify. She knows what you're going through. Like sometimes, the feedback I was getting from her, I felt like she was inside my head. Like, 'oh my god, this woman knows exactly how I'm feeling' – she knows exactly where I'm at. That was* really *helpful.* (Kerry)

7.4 Miscellaneous Programs and Activities

As described at the beginning of Section 7, aside from core programs there are a number of miscellaneous programs and activities available to women in the maximum security units. In the interviews, women in both population segments identified a number of miscellaneous programs and activities that they considered beneficial in terms of generally improving the way they spent their time, and improving their overall sense of well-being. They also noted the positive impact these programs or activities have with respect to helping them deal with some of their issues.

- Gym and exercise programs were favourably considered by 12 of the 14 women (86%). The opportunity to get fit, to let off steam and to improve their physical health were all reasons women gave for considering physical activity as important.

> *Sometimes I be sore the next day – but it helps with my anger. Yesterday I ran around the gym – I felt like running.* (Rita)

> *...we need a nice exercise room with an instructor – because physical activity has a lot to do with a healthy mind – a healthy body is a healthy mind.* (Tina)

- Most of the women (n=10, 71%) felt that it would be beneficial for them to have more physical activities programming and that such programming should be structured.

> *Gym – definitely. Sometimes – I mean, we don't get gym really enough to get into any type of program – we don't have much access. If I want to go work out and get in shape and that then I'm going to go at it and I'm going to go at it full force – and if I can't do that then I'm sort of reluctant to even go there. That's the way I am.* (Kerry)

> *We need some more recreation, far as I see it. I wish we had a recreation staff that could come in and help you with your weights and play pool and stuff like that – there's not very much recreation here...it could be put to better use.* (Chris)

> *Let's see – I like exercise – a little more exercise in the gym. And gym teachers.* (Denise)

- Other miscellaneous programs and activities women were involved in and found helpful included: arts and crafts, art expression, creative writing, relaxation, Alcoholics Anonymous (A.A.), and library visits.

> *I really like the creative writing because I believe you know – like I like to practice poetry and I like to write short stories – and I believe that helps a lot in the anger management. Well, the feelings and the thoughts that you have inside, that sometimes are buried deep within and maybe sometimes you don't feel like talking to psychology or really anybody about it – you can express it through poetry, you can express it through writing it down. And if you don't like it – or if you want to get rid of what you were thinking or you didn't like that feeling – you could throw it in the garbage – it's gone. It's just being able to express yourself. That and I think art expression is really important, too – just to do whatever you feel to get it out. It's a good, positive way of getting it out. And of course, gym – exercising is a good stress reliever too.* (Alison)

Clearly, miscellaneous programs and activities were deemed most useful when they were considered interesting and relevant. As evident in the following quotes, not all women shared the viewpoint that these activities were worthwhile. It is interesting to note that the woman in the final quote qualified her position that if the program were something *she* were interested in, such as woodworking, it would be beneficial to increasing her self-esteem.

> *Art therapy...it was whoever wanted to go...I didn't really think that it had anything to with me – because you're supposed to express how you feel through the art medium – and I didn't really think that that applied to me.* (Pam)
>
> *And then they have these silly little things like, you know, knitting and ceramics and stuff like that – well, as far as I'm concerned, that's not doing anything to help anybody to get out there in the community – learning how to make an ashtray, you know?* (Chris)

- Almost all of the women (n=12; 86%) had participated in employment programs while incarcerated as maximum security. Employment assignments are designed to help the women learn new work skills and develop good work habits and have the additional benefits of providing the women with institutional pay and keeping them active. For the women in the GP segment, fairly continuous employment was part of their correctional plan, while employment for SNP women was more likely to occur, by their own wishes, sporadically. The primary employment assignments were cleaning and housekeeping, although some of the women were employed in yard maintenance and library work. Women in the GP segment considered their employment activities as important, but did comment that they would appreciate more varied assignments.

> *My job* [yard work] – *I really, really like my job. Because I feel like I'm being treated like a normal* [person] – *like out in society – like I got my own* job. *I pay for my own stuff, you know – and I feel like* someone *then – instead of just being like one welfare or a welfare case or so.* (Susan)
>
> *...they gave me a job at the yard and I loved that job. We used to work the yard every day, seven days a week...*[here I] *clean, clean the gym, clean the trailer...If I didn't change my attitude, I wouldn't have all those jobs...What I really enjoy doing is clean*[ing] – [I would like] *some place else to clean – something for me to do...Get me out of this unit more.* (Nicki)
>
> *The employment is really important because a lot of the jobs that we have here are just like cleaning tasks, so that doesn't do a lot for your intellect level. I mean, you know, sweeping floors and mopping and stuff is, it's good work and everything, but I mean it's not really going to get us anywhere...because I mean, you know, it's good to clean and stuff like that, but everybody pretty well knows how to do that. We need something a little bit more challenging.* (Alison)

7.5 Psychology/Counseling Services

> *Well, I need a psychiatrist or something like that to talk to me in depth. Not just someone to say, "Oh, you're having a bad day, oh poor soul, this and that." Like, I've got a lot of things going on with me that I need help with. And I don't feel – I'm not getting that help. And when you're in jail – I thought they were supposed to more or less prepare you for going out into the street. Well, I'm still going out on the streets with these feelings inside of me. Like, I'm not talking about drinking or dope or anything like that – that's got nothing to do with it – I'm talking about feelings that I have inside of myself, that I can't deal with – there's no one here to talk to. That's a big concern for me because I'm – you know – scared.* (Chris)

Individual therapy is available at all the women's facilities, including the maximum security units, to address mental health problems and to increase self-efficacy. Frequency of sessions and duration of treatment are determined by the psychologist and the individual woman. Addressing underlying mental health issues or characterological psychopathology that contributes to criminological factors may assist the woman to engage in a more pro-social lifestyle. As well, psychological staff also assist in the provision of a variety of group programs that address issues related to mental health.

The majority of this population considered psychological or counseling services to be important for them. Recall from Section 6.3, that all six women in the GP segment considered greater access to psychological or psychiatric services as a means to understanding and dealing with the reasons they are classified maximum security. Across both population segments, most women commented that they needed more psychological, psychiatric or counseling services. The issue here was not with respect to the quality of the services currently provided, but rather the need for greater, or more frequent, access to services.

General population segment

- Each woman in the GP segment felt she needed psychology, or some form of counseling, to deal with her issues.

> *...It* [psychology] *helps, sure it helps, it definitely helps... I didn't always have that attitude. It was always the other way around for me – it was like psychology on my back, you know. But now that I've sort of – that things are starting to change for me, I think it is very important for me to deal with my issues. Like the abuse and well, I think I need help with impulse – impulsiveness. How to be not so impulsive. You know, it's like – do it and then think about it. I'm very impulsive, I'm a reactor...A lot of times there's not anger involved – it's impulsive. It's like, it has something to do with thought processes. You get a thought and you just act on it and you don't think about it.* (Kerry)

- Similarly, women identified psychology as having helped them deal with their emotional/personal issues, and as having helped increase their general self-awareness as well as their awareness of their coping strategies.

> *Well, my feelings with psychology, you know, it never worked any miracles, never cured me or made me better or anything like that. But it made me understand, made me understand my patterns, made me understand some of the reasons why I do the things I do, made me understand about being impulsive and about the abuse...like she helped me a lot. Helped me learn more about myself, you know. Learn your cycles, you know, like why you slash or why you react to this, this way, or that way, you know, what your patterns are.* (Kerry)

> *Well, my old psychologist has got me through a lot...she was really good – helped me learn about my eating disorder – she helped me through that a lot. And a lot of flashbacks she's helped me through.* (Melissa)

- Greater access to psychological services was seen as necessary by the women, especially in terms of being able to deal with their mental health issues in more depth. In particular, women suggested that weekly counseling sessions be made available.

> *But, there is a big lack, I think...because they are really understaffed. And when you're maximum security it's hard, even when you want to help yourself and you want to talk to psychology and try and deal with things and feel that you are ready to deal with things and talk, then it's hard because they're really understaffed ...But I mean, they don't have the resources staff-wise to really get into counseling, to really deal with things. They can't fit you in often enough to really deal with it. (Kerry)*

> *...I need more. Not like here where I see the psychologist once a week for fifteen minutes.* (Tanya)

> *I still think the psychologist should have more time for you. There's not enough time...I'd like to see psychology at least once a week.* (Melissa)

- One woman commented that regardless of limited resources for weekly counseling sessions, psychology could be counted on to respond to crisis situations.

> *Psychology is very, very limited, you know, believe me I know. I mean, if we slash or something – crisis situation – you can usually get them over. They're all in your face then. But if nothing is wrong – if just to work on problems – like issues like abuse, or drug abuse, or anything like that – like once-a-week counseling, it just doesn't happen.* (Kerry)

- There were various other issues that women in the GP segment raised with respect to psychology and counseling. One woman spoke about the importance of inmates having some choice in terms of counselor.

> *Like maybe somebody doesn't feel comfortable enough to sit down and talk to a psychologist. Maybe they'd rather talk to the YMCA that comes in, or a counselor, or something like that. They have to make sure that when they're talking to the girls, that they make it clear to them that they have a choice. Like if you had a choice of who you wanted to see and how you wanted to deal with your problems that they're given that choice – because I believe their heart won't be in it – and so they won't be true to themselves or what they're trying to do if they don't have the choice.* (Alison)

Another woman raised concerns about therapeutic confidentiality and the potential repercussions of being honest and sharing highly personal information with psychology, especially if that information negatively reflects on criminogenic needs.

> *Like the big problem I had with psychology is – I found that I was reluctant to be honest because of the consequences that might bring back to me. Like, I mean, 'cuz* [sic] *they can put everything down on paper and that, like I mean, like if you're – like where violent thoughts are concerned and stuff like that – we're trying to get out of prison. Especially, like when you're in* [segregation] *and stuff, you know, and they got to do psychological assessment to let you out – like, I found you had to tell them...Like, what I'd do with psychology was – you know, if I had to see them for an assessment or had to see them for this or that, then I would tell them what I thought they wanted to hear to get a good report. And that's not the way that psychology should be used because then it's not helping anybody. It's like – how do I be honest with someone in order to get help if I'm afraid of the repercussions of me being truthful?...Psychology is good – they can really help you – but you tell the wrong thing to psychology and they could* really *fuck you. Yup, I've been there with a couple of them.* (Kerry)

Two women raised concerns regarding what they considered as psychiatry's inclination toward "labeling" and "pushing pills." These two women felt that such practice seriously interfered with having their real issues understood and addressed.

> *We've only got one psychiatrist...and she comes and prescribes pills. Well, pills don't help everybody – I've been on prozac, and tegretol, and lithium and everything else and nothing has helped me because she's not getting to the root...You know, like pills aren't doing me any good – I need someone to seriously talk to. Because that's how people can kill themselves – suicide – if you're going, you're crying to someone for help. Well I need help, listen to me, "oh well, here's some pills" – well, you know, shit.* (Chris)

> *I think most of my problems come from emotional-type things – most of them – instead of psychiatric. Like I believe I've been misdiagnosed a few times...I think that professionals shouldn't be so quick to label you – like why does everything have to be a label? Why do I have to be manic-depressive? So I was hyper all last week and this week I'm all depressed. Who cares? It's manageable...But all these diagnoses and everything's drugs. Oh, she's manic-depressive – we'll give her Lithium. She's depressed – we'll get her Prozac. She's hyper, we'll give her Nozenan. She's impulsive – we'll give her Tegretol. We'll give her Chloroform, I've been on Elavil, Tegretol, Nozenan, Lithium, Prozac.* (Kerry)

Special needs population segment

- Generally, while women in the SNP segment acknowledged the importance of psychology and counseling, the distinctions between the kinds of counseling assistance offered by psychological services staff and *any* staff were often quite blurred. Counseling was definitely viewed by women in the SNP segment as the responsibility of various staff, and particularly the correctional officers. In fact, as alluded to elsewhere, women in the SNP segment felt quite strongly that correctional officers should have an awareness of their mental health needs and be able to address them.

7.6 Women's Suggestions Regarding Programs

Throughout the interview process, women contributed their ideas and suggestions regarding current and potential core and miscellaneous programming.

Suggestions Related to Improving Core Programs

In addition to the suggestions to improve core programs noted in Section 7.3, the following suggestions were made:

- When programs are delivered they could incorporate a type of group-specific needs analysis, and the relevance of the program to each woman's criminogenic needs be individually explained.

> *The program director whoever it is, the coordinator – should talk to the inmates more about what they really need – something useful – not something that they already know...yeah, it if were explained – why it would be helpful in terms of your crime and re-offending.* (Pam)

- Substance abuse programming needs to be offered continuously. Specifically, women would like the opportunity to participate in some form of substance abuse programming close to their release date.

- The programming format could be developed to involve a variety of ways for women to engage with the content.

> *I guess with cognitive skills – I guess it's the way that they approach the program – like, I found there was a lot of literature – which is good – it's good to have the literature – but I think that a lot of role-playing is a lot better – to really interact... Actually that could go with most of the programs.* (Alison)

- Issues relating to group dynamics need to be addressed so that those serious about participating are not disrupted. In particular, expectations around confidentiality need to be clearly presented and breaches attended to.

> *...maybe I'm not feeling comfortable with who's in the group, maybe they're not feeling comfortable with me. And if we can't be truly honest when we're speaking in those sort of sessions – those counseling sessions – they're really not going to do anybody any good. I do well with one-on-one, I do really well. And I am good in groups, but I'm good in groups to the point of if I feel comfortable with the people who are there and with the confidentiality. Because let's face it, not everybody's really serious about dealing with their addictions. They're doing it for the program, they're doing it for the fact that they have to get out, and then when they get out they end up right back in. But if you're really serious about it and somebody's snickering in the corner about what you're talking about – it's gonna really affect how it is. So, I think they have to really make sure that if they're going to be doing group sessions at all – that the people that are there are all comfortable with it – and that if they see the situations where confidentiality is being broken – that that person no longer be allowed in the group, and stuff like that.* (Alison)

Suggestions for New Programs

Every woman had at least one suggestion for a new programming option not currently offered in the facility she resides in. Again, there were marked differences between women in the GP and SNP segments regarding the extent and nature of additional programming options.

General Population Segment

- For the most part, programming options suggested by women in the GP segment were related to their criminogenic needs, their general mental health, or to particular sources of emotional distress. Common suggestions included programs to enhance self-esteem, address abuse issues, address self-injurious behaviour, and enhance communication and social skills.

> *Say, people that have been raped and abused and stuff like that – well, they don't have anyone to talk to these women – no programs – like they go* [say] *"we have these drugs and alcohol* [programs]*" – okay, fine – but things go deeper than that, you know.* (Chris)
>
> *I would like to see an abused women's group – I think that's important – and that's on my correctional treatment plan.* (Pam)

> *I would like to see more programs that are dealing with some abuse issues...you know what? Most of the women that are in prison have been abused.* (Tanya)

> *Self-esteem – I think that's a big thing. There should be a lot of programming around self-esteem. Because when someone's got no self-esteem – you know, they cut – they ain't got a hell of a lot to work with, you know.* (Kerry)

> *I think that they should have a program for people that self-injure. Because there's nothing. You do it, they fix it, and then that's it. One psychologist might come and talk for a few minutes, but the feelings are still there.* (Tanya)

> *Interacting, I guess – with other people – because there's a lot of people that they just really don't know how to get along with people – so, you know, something around those lines there would be real helpful.* (Chris)

- As well, women made suggestions for stress management or relaxation programs, assertiveness training, and programs to enhance job skills (e.g. computer training).

> *Managing my money – because I'm very poor with that. Budgeting, definitely, yes, because I find myself, I'm really bad when it comes to budgeting...and that's when I can get into trouble.* (Chris)

> *Stress management – there's no stress management.* (Melissa)

> *We don't have anything in the way of trades or anything – like I know that the guys have a lot of automotive opportunities for trades and electrical and stuff – and we really don't have that – so maybe some computer skills. I think is really important...we need something a little bit more challenging.* (Alison)

- Three women thought a peer support program would be beneficial for both the women providing the peer support and for the women who would make use of it.

> *...I believe like a peer support would be really great – where I mean inmates who don't feel like they want to talk to psychology – or they don't want to talk to a guard – that they could have somebody trained – an inmate trained – through psychology – to deal with major problems like slashing and stress and you know, suicidal tendencies.* (Alison)

- Two women also commented on the importance of having some programs offered that are delivered independent of CSC.

> *But I think that it is important to have more programs that are not given by CSC people...a lot of them were given by people that are directly linked to CSC – like they would report back to CSC. And they do a report of how your program went – it goes right to case management. I myself, enjoyed going to programs like*

> *Alternatives to Violence Program – 'cuz* [sic] *it had nothing to do with CSC – you know, you went there for you.* (Kerry)

Special Needs Population Segment

- Every woman in the SNP segment suggested new programs which related to leisure activities, such as various sports and other physical activities, and arts and crafts.

- Additional suggestions included: a program to *help inmates quit smoking* (Kim), a program for helping women deal *with inmates I don't get along with* (Nicki), or conflicts with other inmates, and *self-esteem courses* (Tina).

8 INSTITUTIONAL/STRUCTURAL/ORGANIZATIONAL FACTORS

> [If I had not been transferred] *I think I would have been gated* [detained]. *It was a new start for me. It was a chance for me to start all over. I probably would have ended up with more charges, couple of years down the road I probably would have been D.O.'d – Dangerous Offender, or something like that, you know. I was headed there. I was really headed nowhere fast.* (Kerry)

There are a variety of institutional/structural/organizational factors that the women identified as important for them in terms of how they served their time and adjusted to their incarceration. As well, these factors significantly impacted on their ability and willingness to address their needs. These factors include institutional climate/culture, physical environment/accommodation, supervision/surveillance, and inmate-staff relations. These factors are complex and interconnected. It is difficult, if not impossible, to consider these factors in isolation of one another. For example, if one considers substance abuse inside the institution, the use of drugs is part of inmate institutional environment/culture, while access to drugs is influenced by physical environment/accommodation as well as supervision/surveillance, and assistance in drug use cessation is influenced by inmate-staff relations.

In this report, these institutional/structural/organizational factors have been separated for descriptive purposes. However, it must be stressed that much of the strength of these influential factors resides in their connections.

8.1 Institutional Climate/Culture

Understandably, there are a variety of ways that institutional surroundings affect the women – including affects associated with physical environment (explored separately in sub-section 8.2) and supervision and staffing considerations (explored in 8.3 and 8.4).

A number of institutional climate/culture considerations have already been raised throughout this report. In particular, the influence of a supportive and constructive environment has been raised in relation to changing negative attitudes and behaviours. In addition to these considerations, women pointed out that the "inmate code," and conflicts with other inmates had the affect of worsening their behaviour.

Women in the GP segment were considerably more likely to raise specific points in regard to the theme of institutional climate/culture than women in the SNP segment. Five of the six women in the GP segment (83%) spoke about the prison environment having made their behaviour worse.

> *...I know for me, I know the way I was before I went to prison and then I know the kind of things I was doing while I was in prison, where violence is concerned – and I think I just became a product of my surroundings. I really believe that. And the reason why I say that is because when I was on the street I never was violent like I had to be in P4W ...And even drugs. Like, I was no angel on the street, I did drugs, and I had addictions. But, when I was in P4W I did drugs that I never seen on the street.* (Kerry)

> *...each year that I spent in I got worse and worse and worse. My attitude wasn't as bad when I first came in as it was like six, seven months down the road. On the other hand, I do believe that it depends on the person, the personality.* (Alison)

> *I got drawn into like being a follower and doing what other people were expecting – like when I think about it now, I just can't believe that that happened – because I'm not really the type to go and do whatever everybody else is doing.* (Pam)

The influence of inmate group cohesiveness and the pressure toward uniformity, especially within the GP segment, is strong.

> *I think you'd probably get a little bit of attitude there if you didn't you know, didn't want to be a part of it all anymore. Yeah, yeah. It would be like, what makes you think that, you know, you're better than us?...it's a very tight knit crowd, you know...* (Kerry)

Certainly group cohesiveness produces a climate which supports polarization between inmates and staff. For example, women identified the manifestation of this in the acceptance of, and propensity toward upholding, the inmate code.

> *Even when I first came here* [transferred], *you know, I had problems with adjusting – you know, because, it's like...when I came down here I had a kind of hard time trying to drop the inmate code thing – I still do, I still do...and they see that as anti-social – you know, you're supposed to be like pro-social. They see those kind of things as anti-social behaviours, anti-social attitudes.* (Kerry)

> *...it's pounded in your head when you're doing time...you know, the code – that you're not supposed to talk to the guards, you're not supposed to do anything.* (Alison)

> *I feel like a lot of these women are rats – maybe it's not up to me to judge – 'cuz* [sic] *a lot of them are doing pretty well – but their being rats makes me want to be*

> *bad – but maybe they don't know any better...So that's how I feel a lot of the time.* (Tanya)

In Section 6, the women themselves saw shifts in this mentality as integral to an overall positive cycle of adjustment and change. They provided examples of this shift originating both internally and externally (i.e. an institutional approach of zero tolerance of inmate code dynamics).

> *It's a choice – it's a choice you make. People get suspicious – like why is she talking to the guard – because I was like that...but I came to realize that that wasn't what it was about.* (Alison)

> *I had problems here. One girl in particular – I'm not going to say her name. She was PC* [protective custody] *in P4W...it was like a shock to come down here and be housed with people that I wouldn't normally be with – or around. And I confronted her one day. And they throw me in seg* [segregation] *– and they say, no, you're not going to enforce the inmate code down here and we don't put up with that down here. And I never even assaulted the girl – I just confronted her – and I got seg...And they keep you in seg for a long time here...Making me do this big plan to get out – like I was a psychiatric case or something.* (Kerry)

(A further discussion of the benefits women identified of breaking down divisive and arbitrary staff-inmate attitude and communication patterns will occur later, in Section 8.4.)

Women in the SNP segment identified incompatibilities with other inmates as the major point in regard to institutional climate/culture.

> *They can make me angry and make me suicidal – until if I get suicidal sometimes I could end up probably beating the shit out of somebody...also when they are threatening each other and starting a racket and stuff – it really bothers me. It makes me feel like I want to get rid of the ones who are being bad – yeah, punch them out.* (Tina)

> *The other girls – they get me upset. They're smarter than I am. They like to pick on me to get me upset so I do stupid things...I feel much more better when nobody gets me upset.* (Clara)

8.2 Physical Environment/Accommodation

Both the women's unit at Springhill Institution and P4W provide for the secured accommodation of maximum security women. The physical structure of these facilities are briefly described below:

Springhill Unit. The women's unit at Springhill Institution is very small. There is a corridor of cells on one side of the unit; on the opposite side of the unit there are intake/assessment and segregation cells. In the space in the middle there is a laundry area, a washroom/shower area, and a common room with small kitchenette (with access available from both the general population cells and the intake/assessment cells). The staff office/post is positioned between the corridor of cells on the one side and the intake/assessment and segregation cells on the other and has a full two-way mirror viewing the common room. Although the physical structure provides for locked physical separation between inmates (through the different cell areas), noise is clearly able to travel across the unit.

P4W. The physical structure of P4W is old and restrictive; there are many narrow corridors, steep stairwells and locked barriers. The building has many of the characteristics of a maximum security prison, including being surrounded by a large, cement wall. The living accommodation for those inmates still being housed at P4W is contained in a series of barred cells known as A Range (primarily used for medium and maximum security general population inmates) and the Special Needs Unit (again, various security profiles). Although both areas consist of two-tiered cells, the second tier of A Range is not in use. At the time of the interviews, construction efforts were underway to modify B Range with the intention of housing higher functioning inmates from the Special Needs Unit, while maintaining the physical separation of these inmates from the general population. A new, seven-cell Segregation Unit has been built in the basement of the prison.

Certainly the physical environment in which women are living has the potential for many affects. While recognizing that there could be many ways that physical environment impacts the lived realities of those inside prison, the women spoke of issues of space, movement, therapeutic quiet and incompatibilities with other inmates. Again, although these have been separated out below, as evident in the accompanying quotes these issues overlap and their connections often create a negative dynamic tension. It is also important to note that despite the serious limitations imposed by the physical environments, many of the women in both facilities reported various ways that the environment has had a positive impact on them.

Facilities

All the women interviewed at Springhill Institution commented on the unit being too small, there not being enough variety in space, and their movement being restricted. As well, several of the women mentioned feeling bad for the men who also, at times, had restricted movement because of the women's presence at the institution.[9]

> *The unit is too small. If you have a problem with someone there's no place you can go to get away from them. The space needs to be bigger…not more numbers, more space. All we have is our cell and our common room. Those are the two places we can go – no big decision.* (Kerry)

> *I think this set up that they have now – it sucks. Well, for one thing, when you come in the front door – you're right at the cells...it should be separate...just so*

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[9] The Maximum Security Women's Units, such as the one at Springhill Institution, operate as separate and distinct facilities within existing men's facilities. The women housed in these units are separated from the male population in terms of accommodation, programming and recreation. Therefore, the movement of male inmates is restricted when women are taken outside of their unit in order to access those facilities which are shared (e.g. gym, library).

> *that there's not people coming in and out up the main hallway…a kitchen, like for the women to cook their own food – that would be good. And it's just too small – it's too fucking small. Everyone's in everyone's face all the time, you know. You can't get away from anybody. That's why sometimes I close my curtain and I lock my door…I really need to be alone for a while.* (Tanya)

> *The place is so small – the unit is so small – we are so restricted as to what we are allowed to do…and I'm not saying that it's not bad for the men too, because it is – because a lot of times they have to be locked up for places that we have to go. It's one great big inconvenience is what it is…I think that if we had more access to the institution it would be great…but I think I'm asking for miracles there, because it is a men's institution. But we're allowed to go to the gym five times a week. We're allowed to go to the library – that's in another part of the building…it's a slow process.* (Alison)

> *In this place we can't move without getting the boys locked up – we don't want the boys getting locked up everyday…we're just trying to do the best we can.* (Nicki)

Despite the difficulties imposed by the physical environment of the Springhill Unit, many of the women commented on ways that the environment has had some positive impact on them. Separation from the demands and "groupthink" mentality of a larger population of women offenders, particularly those who had spent time at P4W during the early '90s and before, has been viewed as helpful in establishing some perspective on the strict adherence to the inmate code. Also, as will be discussed in Sections 8.3 and 8.4, the physical structure has resulted in the accompanying outcome of a visible and constant staff presence on the unit. This has meant the ability to restrict the presence and use of drugs, to restrict the expression of negative behaviours, and has afforded opportunities for better relationships between inmates and staff, all of which have also contributed to the wearing down of a strict adherence to the inmate code.

In terms of the women at P4W, the comments from women in both the GP and SNP segments were surprisingly favourable, although mention was made of the dreariness, age and disrepair of the facility. The women in the SNP segment were more likely to comment on their basic needs being met and that the secure physical environment provided them with a sense of safety (the last four quotes are from women in the SNP segment).

> *I don't know – I guess because it's a maximum security prison, it's got to be – like more secure and that – I don't see any problem with that...The cells are a little small. That's all I can think of. I don't think it should be much different than the medium security – unless it's really necessary.* (Pam)

> *I don't mind being here.* (Melissa)

> *This place? It's not really that bad – it could be worse.* (Clara)

> *Building's old – but I like it – I like it at night because I'm locked in by myself, you know...I like it this way because then no one can attack me at night.* (Susan)
>
> *It don't matter to me. I got a bed, sheets, clean sheets, clean clothes. Food.* (Denise)

Accommodation of maximum security women in regional facilities
Not surprisingly, while discussing the facility where they are currently being housed, the related issue of maximum security women being able to reside in the regional facilities was raised. With respect to this, two themes emerged from the interviews:

1. Most of the women expressed the opinion that maximum security women should be housed apart from their medium and minimum counterparts (n=12; 86%);
2. Less than a quarter of the women interviewed (n=3: 2 GP, 1 SNP; 21%) suggested that provisions be made for the maximum women to be accommodated at the regional facilities (albeit that provisions be made so that maximum security women are housed separately).

Two of the women interviewed also suggested that, even if the maximum security women are housed offsite, greater access to the regional facilities could be initiated. These themes are evident in the quotes below.

> *I don't think medium and maximum should be put together.* (Tina)
>
> *I think like the places like* [regional facility], *if they had a house for maximum security – like where you're already [there] and you just got to work yourself out of the house – instead of working yourself out of a men's institution to a medium-serving facility. Because you're there, you see what privileges you're missing out on when you're in maximum. So it's an incentive to be minimum or to be medium. You got an incentive to do better. I think the same should go for special needs too, now that I think about it – if they had a house for special needs inmates – like these houses are general population or whatever, you know, this house is special needs, this house is maximum security – and you work your way out of maximum security. Like the better you do, the more privileges you get until you get to a medium security house. I think that would be appropriate.* (Kerry)
>
> *Like the new institution and the rest of the new regional institutions across Canada – they were designed for maximum, medium and minimum security inmates – but where there were some problems out west, they had to fix that up a little bit and put them somewhere else – I really feel like there should be something set up where we could go to* [regional facility] *for our programs – although we're maximum security inmates – that we could go there and be involved with the rest of the girls, which would start the integration process before you even get there...Like get in a van, get down there and get involved with the other girls.* (Alison)

Therapeutic quiet

The importance of having access to a therapeutic quiet space, typically in the form of a cell in segregation, was raised by a number of women across both population segments. Their reasons for accessing such space included the desire for quiet space to think and reflect, the desire for a "time out" from their usual routine, and the need for a safe and secure space when feeling emotionally overwhelmed and a danger to themselves.

> *There's not enough room in seg* [segregation] *for if you want to check in for quiet time, you know. If you just need a couple of days to yourself, you know, because when you're in population you got to get out for work. You got to do this and you got to do that, and if you don't go to groups, then they're right there going "what's wrong, what's wrong?" And sometimes nothing has to be wrong…you just want some quiet time.* (Kerry)

> *You need maybe another room to go to…a room where you could just go and maybe be by yourself and just have some personal space. Because I think we all need that. I think that being in each other's face all the time does raise the tension.* (Alison)

Incompatible population issues

Throughout this report, the differences between women who are housed in general population and women who are considered as having "special needs" have become clear. As illustrated in the quote below, to varying degrees the women themselves differentiated the sub populations.

> *There's a lot of different types – walks of life – there's people who are normal population and there's people who are really special, special need. I'm considered as high special needs, and my friend…is even considered higher special needs than I am. And then there are people who are just low special needs.* (Tina)

This differentiation of sub populations raised concerns in regard to accommodation and intervention. For the most part, women from each segment agreed with the physical separation in accommodation and programming of (at least two) sub-populations, often also expressing their frustration with situations of close proximity.

> *There's so many different personalities – normal population they call it – are ones who can interact well with others and who get along well with others – the SNU* [Special Needs Unit] *is mostly for girls that have extreme behavioural problems – or a lot of emotional problems where they can't deal with being around a lot of people and stuff like that. The differences in crimes usually contributes to it too. I think that's basically the way – I mean, I don't think that they should give that up – I think that's really important – because I really feel like in order to be able to adjust and to be able to rehabilitate yourself you have to be in an environment that's going to be comfortable for you – if you're a SNU inmate and you're in population and you're all paranoid and you don't know*

> *who's going to beat you up or who's going to do this – it's going to cause problems whether anybody's beating you up or anything because you're going to be paranoid all the time – people are going to end up going to seg* [segregation] – *there's always going to be conflict there.* (Alison)

> *It would affect me if they* [SNU women] *were in* [general] *population – I mean, I'd never do anything to hurt them – you know, because they're not all there anyway.* (Tanya)

> *Well – when they* [low functioning SNU inmates] *are threatening each other and starting a racket and stuff – it really bothers me. It makes me feel like I want to get rid of the ones who are being bad – yeah, punch them out.* (Tina)

For a variety of reasons, not always altruistic, women in the GP segment raised concerns that women in the SNP segment receive appropriate care and interventions.

> *I think that because a lot of times girls in SNU or whatever, they really can't do much for themselves – I find that even just the simple tasks like cooking, cleaning after themselves – you know, showering – different personalities, the total different personalities – I think they need a lot more patience, they need constant attention – you know, depending on other inmates to give them constant attention, to clean up after them causes tension, too – where there really is no need of it.* (Alison)

> *Like they got people in here, in SNU right now, they really need help, you know, and they're not getting that kind of help. They need psychiatrists or psychologists and people to see them, and it's just not happening here. And then we have to live with these kind of people. Like, you know, my tolerance for getting along with crazy people is not that good. They really get on my nerves – crazy people – 'cuz* [sic] *I don't have tolerance for them. Some people do, but I don't...they're going yellin' and going on. It's irritating. They should have a place to themselves with somebody there specialized to look after them...Because I don't feel that that's* our *job. And I don't feel that like the staff and our nurses should have to be – you know,* we *might need them at a time and then they got to go deal with the crazies. I think that they should have their own section, their own staff, and their own nurse with them 24 seven* [24 hours, 7 days/week] – *just like a little crazy hospital...It's just irritating – it's very irritating, like sometimes you can hear them – banging and pounding and hollering and going on and it's irritating, and it bothers me like that.* (Chris)

Certainly the above quote raises issues of stigma. Stigma against mental illness and cognitive limitations were prevalent in the interviews. The tolerance of women in the GP segment toward women that they considered as "special needs" was conditional and varied. However, most did acknowledge their lack of understanding regarding some of the behavioural manifestations.

Four of the six women in the GP segment (67%) commented on the negative consequences of some of the behavioural outbursts of women from the SNU, including themselves being locked down as a result of it.

> *If one's in trouble, everybody's in trouble. I think it should be an individual process...if it's an isolated incident, it should be treated as such, because I believe that causes tension, too. Because if there's a big hold-up and somebody's going to seg and normal population is locked down for hours and hours it causes tension between the inmates – because they're saying, well, we're locked in because of her. So, I think that's a big problem too.* (Alison)

> *Well, usually if something is going on they'll lock us right in. I get very angry. I used to get very angry with* [name of inmate] – *she'd be over there* [Special Needs Unit] *with her fucking foolishness and we'd all get locked – one night we were locked in our rooms at eight o'clock for god's sake. I know that she does a lot of things for attention and it would really* burn *me knowing that she was just over there – why couldn't she just say to the guard – "look, I need a little attention, come talk to me?"* (Tanya)

8.3 Supervision/Surveillance

There are clear differences between the supervision/surveillance of GP segment women in Springhill Institution and P4W. As outlined in Section 8.2, the size and the physical layout of the Springhill unit means that the women are primarily within staff view. As well, staff also leave their office frequently to interact with the women. On the other hand, the physical layout of A Range at P4W is such that correctional officers primarily staff a post at the entrance to the Range and periodically conduct rounds.

While women from Springhill Institution in the GP segment recognize the tension that close quarters and increased supervision sometimes produces, they also articulated ambivalence about such supervision in light of some of the resulting benefits. In particular, they commented on the importance of a visible and constant staff presence in chipping away at the rigid parameters of the 'inmate code,' and altering the expression of negative behaviours (e.g. assaults, intimidation) and limiting drug use.

> *Yeah, because there's less women* [there's less violent situations], *but also because, well there's no way in hell you'd get away with it. You could never strike someone on this unit and not be caught – it's such a small unit – and you know what I mean?...In such a small unit where the guards are right in your face – not right in your face all the time, but – the office is right there, the common room is right there – everything is right there. So if there's a problem – like I find for me, when I have a problem with somebody, I have to sort of force myself – it's almost like – I'm finding that I have to be – sounds like you almost have to be phony in a way – that's what I find – and that's not me at all – but that's what I find. Because if I don't like somebody and I let that be known, then the staff sees*

> *the tension – then it's all a big problem – and then they don't want both on the unit. So obviously one person's got to go to seg – and so if they're the one that speaks up – that's like what happened to me and* [name of inmate] *– I spoke up and said something and they shipped me right to seg – "Oh, you're causing problems, you're causing problems." You know what I mean? Like, so you're almost forced to get along with people.* (Kerry)

8.4 Inmate-Staff Interpersonal Relations

> *You have to realize that if you're going to be hollering and going on – nobody's going to hear you.* (Alison)

Without a doubt, inmate-staff relations form the cornerstone of women's experiences inside the prison. The women have recognized and communicated that if this cornerstone is well-cemented—that is, if inmate-staff relations are open, genuine, consistent, respectful and empowering—there is, in turn, a positive impact on their attitude, behaviour and adjustment; the opposite, in turn, has negative repercussions.

> *The attitude that the guards have...that's why a lot of the inmates here that were problem inmates in P4W aren't a problem here. Just because of the simple fact in the way the staff are dealing with us.* (Kerry)

Various considerations regarding staffing and inmate-staff relations were raised in Section 6.6 with respect to women identifying what is helpful to them when trying to reduce their security classification. Specifically, women raised the importance of positive staff communication and interaction, positive reinforcement from staff, and staff changes in behaviour consistent with inmate changes. These and other considerations are further explored here. All women commented on various positive and negative inmate-staff relations at each institution. It is important to note that the negative comparative references to inmate-staff dynamics at P4W, when contrasted with Springhill Institution, such as in the quote above, must be framed in the context of P4W prior to the introduction of the Regional Treatment Centre (RTC) staff and philosophy.[10]

Negative staff attitudes

Women in both the GP and SNP segments identified negative staff attitudes and behaviours as having significant repercussions for them. The women perceived negative staff attitudes as being disrespectful, intimidating, diminishing their sense of self, frustrating them and sometimes being deliberately provocative.

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[10] There had been a plan to close P4W and transfer the women to a special unit at the Regional Treatment Centre (RTC) inside the Kingston Penitentiary (a men's facility). However, the initiation of a law suit by some of the women opposed to this involuntary transfer and the Canadian Association of Elizabeth Fry Societies (CAEFS), resulted in CSC agreeing to leave the women in P4W until such time as an alternative arrangement could be made which did not require transfer to a men's facility. Consequently, RTC staff who were to work on the unit were transferred to the P4W in June of 1997. During this time, they have taken over responsibility for programming and are working with correctional staff, many of whom where already present at P4W. Even in the short time period that the new staff and treatment approach have been in place, a shift in philosophy and management of this population of women has been noticeable.

> *The negative* [staff] *attitudes frustrate me – they really frustrate me. Because it makes me feel like worthless, you know, and like that they're better than I am…I don't like their attitudes…these people here, "Oh, you're not going to work today?" – and they kind of just slam your door and lock you in your room. You ask them something, they bite your head off. It's just not – like, a lot of the way that you talk to a person, makes them feel a whole lot differently – the way you approach a person and the way you talk to them. If you're just going to snap at someone, well that's not going to make them feel very good. Yeah, it's our faults that we're in here, but so what, we're paying the price. They've got a job – if it wasn't for inmates, they wouldn't have a job. So they should take that into consideration too, and if they can't cut it, and they don't like inmates, well then go find another job someplace.* (Chris)

> *There's been some negatives – ones that like yell at us, and swear and say "Oh, I wish I didn't have to be working on the SNU, I hate it here, I hate working with these people." Makes me feel bad, yeah – like we didn't necessarily – it's not our fault, really, that we're in the SNU, you know, don't take it out on us. They get mad – I don't like it when they get mad at us.* (Melissa)

> *There were a few good ones – but a lot of them – I don't know if they were burned out or what – really bad attitudes – and just talking to them for a minute would set me off. They seemed to really enjoy that.* (Tanya)

Ultimately, the consequences of negative inmate-staff relations can result in conflict and charges.

> *When you get along with the staff, it means less charges, less conflict. I mean, if there's a bunch of ogres in there* [staff office], *you know – people would be mouthing off and you'd get charged and you'd never get reduced, you know.* (Tanya)

Positive staff attitudes

> *Respectful, serious screws* [guards] *– serious about how they treat people – out of respect. If they respect me, I respect them. If you want to treat me like shit, I'll treat you like shit.* (Denise)

The women interviewed identified a number of factors that reflected and/or influenced positive staff attitudes, namely: open communication, positive reinforcement/encouragement, consistency, regular and dedicated staffing, and staff training; these factors are described below.

Open communication

Elements of open communication include: speaking, listening and hearing; respect; understanding; and empathy and caring. Indications of the practice of open communication are found in the type of conversational style (of staff and inmates), reduced conflict and non-authoritarian dispute resolution, and increased morale.

The women identified the presence of open communication as vital to the destruction of the invisible walls or barriers formerly integral to their maintaining a postured, opposing and uniform identity inside prison.

> *A lot of it up there in P4W – it's the minute you walk through the door – it's them and it's us – and as long as there is that there – I mean, when you have a problem or something up there, like the guards don't come to you and say, "Well, how are you doing?" or "Is there a problem, can we talk about it?" But I do find here that they do make the effort to come and talk to you and ask you if there's a problem and give you different opportunities, "Well you can talk to psychology, or you can talk to us, or you can talk to someone else, or do you just want to be alone?" They give you the freedom to choose how you want to deal with it. And you know that if you deal with it the way that you usually deal with it – the way I usually dealt with it at P4W – you're going to segregation and that's it...like up there it's so them and us – absolutely no communication – you were called on a last-name basis. Here it's different – just being called by your first name – it really makes a difference...I really believe that if I were still up there I'd still be the way I was. There would be no communication, I wouldn't be feeling like I was getting any help or I was getting anywhere – I'd be feeling like the time is just doing me.* (Alison)

> *When they don't yell at you – when they take an interest. The way they talk to you – like when they talk to you like you're a person, not an inmate – like just an inmate – they talk to you like you're a person.* (Melissa)

> *...I think that I've been better since I've been down here – and I don't know what changed me – if it's environment or state of mind – my own state of mind – but, you know – they gave me a chance down here, you know. When I came in, they sort of put it to me like, "We don't care what you did at P4W. Yes, we've seen the record and yes, it scares us a little, but you've got a fresh start and we're not going to treat you as if you are a psychiatric case, or as if you're violent. You've got a fresh start, we'll judge you on what you do here. And what you do here will depend where you're going from here." That was very important – very, very important. And I found that the way that the staff treated me down here was a lot different than the way I was treated at P4W. And just the whole atmosphere was a lot different, was a lot less tense. You know, it was a smaller unit, the guards interact well with the inmates, inmates interact well with the guards. I mean, sometimes* [names of two correctional officers], *they'll come in our cell...sit down and talk to me...you know, just shoot the shit, you know, that kind of relationship.*

> *And it makes everything a lot less tense. When I was in P4W, I was really paranoid, really paranoid of the staff...But it's different now...I used to think they were out to get me – I thought that. But it's different now.* (Kerry)

> *Sometimes she'll* [CO2] *say – like if I'm talking – let's say I felt like slashing – she'd come down to my room and talk to me – and before she'd go home she'd say, "Can you promise me that you won't do anything?" And I can promise her that I won't do anything.* (Tanya)

A model of open communication between inmates and staff establishes a healthy standard the women can, in turn, adapt to other interactions. The following example, shows how this was done to successfully negotiate improvements.

> *Inmate representative – that was a really hard thing to do* [to establish] *– like I had to go to endless meetings with the warden and the rest of the staff trying to stress how important it was to have an inmate representative...I think they really understand now how important it is and as long as we always have an inmate representative then if anybody's in seg or anybody's coming in – somebody's always going to get some help. And I think they were more or less looking at it in terms of the criminal beliefs and attitudes type thing – the inmate code. I don't think they were understanding, but I think a few talks and a little bit more communication helped them realize that it is very important to have a representative for the range.* (Alison)

Positive reinforcement/encouragement

The emphasis women place on the presence or lack of positive reinforcement and encouragement from staff has already been addressed in Sections 6.3, 6.6 and 6.7. It is necessary to note it again here to underline its importance as an integral component of inmate-staff interpersonal relations.

> *...I think that if...maybe if somebody* had *to give a shit, you know...like if somebody had even told me that* I could [succeed], *you know what I mean? That would have helped.* (Kerry)

> *I think that if they* [staff] *see that you're trying to help yourself and they see that you're doing good, they give you credit for it...they'll take you aside or wherever and they'll just say, "we really think that you handled this really well and we're really proud of the way you're doing this or proud of the way you're doing that." I think that's a big thing here...here, that makes a big difference.* (Alison)

Consistency

A lack of perceived consistency, in the environment at large, and in particular with respect to staff communication, induces insecurity and anxiety for the women. The majority of women (6 GP, 4 SNP, or 71%) stressed the importance of consistent staff messages pertaining to rules, behaviour and limits, and the resulting consequences.

> *Consistency – oh, my gosh – sometimes they just come up with things – like one guard may think one thing is – like a rule – is necessary, but then there's others who don't make a big deal about it. I'm getting used to it now. But at first it was really upsetting. Some of these rules that they've had – I don't know, I don't know...it helps when they're more consistent. Then you know how to behave and you don't get upset if one person says something and the other person says no, you don't need to do that, do this – because then you don't know if you're doing something wrong and what if you get charged? Well, I think they should be more consistent, because it lowers the chance of me getting other charges without even knowing it – without like really intentionally trying to do something my way. Like, if it's consistent, like I don't argue with them.* (Pam)

Importance of regular staffing

The women also identified the importance of the presence of regular staff on the units. Specifically, staff familiarity with the units was seen as vital to the development and maintenance of effective and sensitive interpersonal relations.

> *Some staff...don't know if we here or not. If we goes* [sic] *to the office and asks for a question – they yell at us and tell us in an hour's time to ask the same question. It's nice, because some staff do care about you. The only staff that cares is all the staff that works on this unit.* (Nicki)

> *The regular staff here are good...Well, some of them are really caring – there are a few that I talk to all the time. It helps. I'll talk to them when they're going around. A couple of times* [name of CO2] *will come down to my room and talk to me like if I was upset, but then you get other ones – they really don't work here all the time – but they come in with these attitudes – but it's like the whole unit is upset when that person is in.* (Tanya)

Staff training

A number of the women also stressed the importance of training staff with respect to women's issues and to increasing staff's understanding of, and sensitivity to mental health concerns.

> *The guards should have more awareness of mental health, because a lot of people who are in prisons are caught in the system...*[instead] *they should be put in a hospital somewhere and reintegrated slowly into society...I think they* [correctional officers] *need more training, more in-depth training and more understanding...I think they all should have psychology courses.* (Tina)

> *I do find – sometimes – it's hard for them* [staff] *to understand why there's so many personalities – I find some of them don't know how to react to it. I feel more training on their part to know how to deal with the women here would really help too. Like a lot of them are really very good, but some of them truly hold a lot of the guard traits, and they don't realize that girls here have to be treated differently and with sensitivity...like when incidents happen, when somebody's*

> *freaking out in their cell, or someone's slashing – they're* [staff] *sort of confused as to how to take care of it.* (Alison)

8.5 Closer to Home

The Task Force report, *Creating Choices* (1990), addressed the geographical dislocation of many women offenders from their families, cultures and communities. Specifically, the Task Force acknowledged that because they are relatively few in number, the majority of incarcerated federally sentenced women were housed in one central facility, P4W. As discussed earlier, among its recommendations, the report proposed establishing four regional facilities and a Healing Lodge so that women could be incarcerated closer to their home communities. In keeping with this vision of housing women regionally, provisions were made to accommodate the maximum security women in maximum security units within existing regional men's facilities. Given the small number of maximum security women and their disbursement across Canada, this, in turn, has posed some difficulties with respect to the range and scheduling of programming available to them.

The importance of serving their sentence in a facility "closer to home" was explored with the women interviewed in this study. Women were asked whether where they are housed is an issue for them. If given the hypothetical choice, would they choose being closer to home over being housed elsewhere with a larger group of maximum security women where, because of critical mass, a broader range of programming might then be available?

General population segment

- The women in the GP segment were equally split with respect to whether or not serving their sentence in a facility that was "closer to home" was personally important to them. Furthermore, all six of the women in the GP segment stated that if a choice were necessary, they would prefer intensive programming opportunities to being "closer to home," particularly if such programming had time limits.

> *I haven't been home since 1985, so it doesn't bother me about that.* (Chris)

> *I want to be close to home. They should have a place like* RPC [Regional Psychiatric Centre (Prairies)] *somewhere out East – even in New Brunswick somewhere.* (Tanya)

> *It's good to be close to your family and it's good to have family support, but I believe that if you truly have family support it really doesn't matter how far you go for programming – you know that your family is there for you. And I really feel that the programming is important...if you have to go a few extra miles to do your programming – I think that's your best bet. Because that's what's going to help you make it out there – it's going to help you make it out in society because without that – without the programming, okay, if you just have the family support, is great, but without the programming, too you still really aren't dealing with the things that got you here in the first place. So I think that if you have to go far for*

programs...if you truly want to change inside, and you truly changed your attitude – I believe that you would want to go. (Alison)

Like it's complicated – being in your province, closer to home – or being somewhere where you're actually going to get some help. Then I think it should be somewhere where you're actually going to get some help...A lot of people might not feel the same way. When I was in a really bad head space I probably wouldn't be feeling the same way...But I mean, like if it were some type of treatment program or something...intensive, where you can go for six months, you know, intensive therapy and then go back to your home region – yes. (Kerry)

Special needs population segment

- Six of the eight women in the SNP segment answered this question. Five of the six women (83%) stated that it did not make any difference to them whether or not they served their sentence in a facility that was closer to home. Most of these women spoke about being disconnected from their families. Similarly, five of the six women (83%) stated they would choose programming over being closer to home were such a choice necessary. Two women had already made that decision (voluntarily transferring from one maximum security unit to another).

I like it up here better. (Denise)

I really don't care where they put me. (Kim)

It doesn't make much difference to me. (Susan)

Not an issue for me – this was a voluntary transfer. I haven't much time for them [family] *or anyone else...I want to make something of my life.* (Tina)

It would depend where I was going...I would go, but I'd be homesick...programs is more important – for a period of time. (Nicki)

8.6 MultiDisciplinary Mental Health Approach

A multidisciplinary team approach has been implemented at both the women's unit at Springhill Institution and at P4W to help set the context for integrated inmate care. The foundation for a multidisciplinary team approach is collaborative staff consultation that relies on strong working alliances and the interactive exchange of information between all those involved. Staff with expertise in a variety of areas, such as administration, security, program delivery, case management, health care and mental health care share information and strategize together to develop a more holistic course for correctional intervention. For example, the interactive exchange of information between correctional officers and mental health staff can help shed light on the interplay between mental health problems and manifestations of problematic institutional behaviour. The multidisciplinary team approach will be explored in greater detail from the perspectives of staff, in Part C. Specifically, in terms of the women interviewed, their understanding that information relevant to their case management is shared amongst the team and their familiarity with staff team meetings are indications of the inmate's awareness of a multidisciplinary team approach.

Almost every woman spoke of the importance and effects of interactions with *all* staff they encountered in the institution. While correctional officers might have the most contact with women, interactions with other staff, for example, nurses, psychologists (and in P4W, Behaviour Science Technicians), CMOIs, unit managers, and even wardens were deemed as significant and sometimes monumental in women's experiences. The importance women attribute to various staff interactions supports a multidisciplinary mental health approach.

> *Well* [name], *she is a nurse here. She was the first person that actually tried to like – that I'd know – she was trying to help me. I started talking to her and opening up to her...anyway, she's a nurse, a real nice lady, and I went there for stitches one night – and the next day I seen her and she had this doll – it was the ugliest looking little fucking doll you'd ever seen – this little like yellow doll – like sunny kind of thing, you know – so we'd called her sunny. She had stitches in her arms and stuff like that and* [name of nurse] *said that anytime you feel like hurting yourself, she said hurt the doll – and every time I got upset, I'd, you know, tear a different limb off – until eventually she was like – whew disintegrated. And then when time went by and I realized, god, you know, I got upset this time and I didn't slash.* (Kerry)

> *Medication...they're doing psychological testing on me here and I got my own – I got two nurses which are designated to me – I have a BST* [Behavioural Science Technician] *assigned to me* – [name of psychologist] *is assigned to me and I have* [name of CMOI] *and* [name] *my CO2 – and they all spend time with me each and every day and they all get together and plan about me...guards interact with me, spend time with me and I'm having a lot of time with my psychologist and I'm spending time – my BST is spending a lot of time with me. I think so far, I think* [this place] *is on the right track for inmates. That's my opinion.* (Tina)

8.7 Community Release

There are a number of ways that offenders return to the community. Conditional releases include escorted temporary absences (ETAs) and unescorted temporary absences (UTAs), but inmates classified as maximum security are not eligible for UTAs. As well, there is Day Parole, Full Parole (the parole eligibility date is generally at one-third of time served, but may be set by the judge at one-half of sentence at the time of sentencing), and Statutory Release (at two-thirds of time served). At warrant expiry offenders that have not had conditional releases are returned to the community without supervision restrictions. Whereas inmates must apply for both Day Parole and Full Parole, under Statutory Release, offenders are entitled[11] to serve the last third of their sentences in the community under the supervision of a parole officer and must abide by any and all conditions imposed by the National Parole Board (conditions which are similar to those imposed on offenders under Day Parole or Full Parole supervision). These conditions could include, for example, residency at a community-based facility (including abiding by the rules and curfews of the facility), attending community-based programs or treatment, and abstinence from drugs or alcohol. Failure to comply with the conditions imposed could mean suspension and revocation of the Statutory Release and a return to the institution.

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[11] There are some detention provisions which are exceptions to the Statutory Release process. Under the detention process, CSC must refer to the National Parole Board, the cases of offenders that it believes will commit either a violent offence or a serious drug offence before the end of their sentence. If the National Parole Board is in

The women were asked questions regarding their community release and CSC's role in the community. The women identified a variety of potential roadblocks to their successful reintegration into the community, including lack of community-living skills (SNP segment), problematic interactions with parole officers, and repeating past patterns, such as substance abuse and involvement in abusive relationships. In addition, several women identified fear of recidivism; this fear in and of itself could prevent them from recognizing maladaptive patterns of behaviour and what they need to do to avoid them.

> *I really need to learn to live in the community – like different things I haven't done in a long time – like go grocery shopping, how to budget money, how to get a job and stuff and stay there – stay and work on a job. And I'm considered – classified – mentally disabled – basically I would need a personal case worker and how would I go about getting that.* (Tina)
>
> *I'm always in trouble with the law...Gate* [detain] *me.* (Denise)
>
> *I think the big thing, too, is parole officers – I know some of them can be really, really, really mean...but* [they should] *give you a little bit of leeway and I guess, have a little bit more respect for you and help you to realize that they're there to help you, they're not just trying to wait till you mess up and throw you back in jail.* (Alison)
>
> *And I know like when I get out – I'm not really sure – because I'm only [gives age] – but somewhere down the line – whether it's five or ten years from now – I want to get into a relationship – that's why I need the woman's abuse program – to stay away from an abusive relationship – because I didn't know it back then – I was only 15 years old when I had that relationship. I really can't think of anything –* [does] *CSC have abused women's programs out on the street? That would be an idea wouldn't it?* (Pam)
>
> *Okay – drugs increases risks. Drugs and associations – that will definitely increase my risk – and probably my emotional stability. What my emotional stability is like when I get out – those are things that are going to increase my risk. What can CSC do to help me when I get out? I don't know, but I think that*

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agreement, it can either order that the offender be detained in a penitentiary until warrant expiry, or release the offender into the community, but with the condition to stay in a community-based residential facility during the period of the Statutory Release.

> *one thing would be counseling – somebody to help me address my issues – and counseling that won't be costing me an arm and a leg – somewhere you can go and you don't have to pay all these big megabucks to see a psychiatrist. Sort of like a – even if it's just a check-in – but I think they definitely need to follow-up once you leave here, you know...And I got to think about the good things and let that drive me instead of thinking about the bad things and letting that bring me down. I think I need to stay straight – I need to stay clean from drugs – and I think that if I can do that I'll stay out of jail and I'll do good.* (Kerry)

> *I'm scared that I'm going to get out there and fail again, you know – like, my mom will be so happy when I get out – and last time I was out of jail for three months – that's it – before I got this sentence.* (Tanya)

PART C: STAFF PERSPECTIVES

Although the predominant focus of the present research is on the perspectives of non-Aboriginal maximum security women offenders, the views of staff who work with these women were also considered critical in this initiative and were therefore sought in order to augment the picture. The inclusion of staff perspectives supports a more comprehensive exploration of the situation with respect to maximum security women offenders. As stated in Section 1, personal interviews and focus groups were conducted with CSC front-line and operational staff, mental health and psychology staff, and management in each institution where women were interviewed. These staff perspectives are significant both in areas where they reinforce the analysis contributed by the women and in areas where there are important contrasts.

For various methodological reasons, but particularly given that the focus of this study is on the inmates' perspectives, staff perspectives are summarized and presented here in the form of dominant themes; unless otherwise identified, these themes represent a majority of the staff interviewed. These prevalent themes are captured under the following headings: Identification and Needs of Maximum Security Women, Intervention, and Staff Needs/Issues. Again, direct quotations from the staff interviewed are included in this section. However, due to privacy concerns, the difficulty in distinguishing voices from the audio-tapes of the focus groups, and contribution from more than one staff in a focus group, staff positions are not identified in the quotes presented.

Several overriding perspectives emerged in the staff interviews and are evident throughout this entire section. Specifically, staff identified the (non-Aboriginal) maximum security women population as heterogeneous, recognized the uniqueness of this population with respect to the issues the women presented, considered it essential that interventions be specifically tailored to this population, and emphasized the demands on staff with respect to managing this population. Based on their experience with maximum security women's attitudes and behaviours, staff expressed their serious concern that these women could influence, disrupt, or disadvantage medium and minimum security women in the regional facilities. This was a concern regardless of whether it was felt that the structure of the regional facilities could be altered to accommodate these women.

9 IDENTIFICATION AND NEEDS OF MAXIMUM SECURITY WOMEN

Interviews explored questions related to the staff's perceptions regarding the identification and needs of women classified as maximum security. Generally, these questions concerned staff's understanding of the methods, bases and reasons for women being classified as maximum security as well as their perceptions regarding the needs of the maximum security women offenders they work with.

In short, staff were generally of the opinion that on the bases of behaviour, attitude and needs, maximum security women offenders can be and are differentiated from medium and minimum security women offenders. Moreover, staff considered the ability to assign different security levels to women offenders as important, arguing that there are population differences between minimum, medium and maximum security women offenders and that the classification system provides a range of options from which to intervene. Specifically, different security classifications allow for the provision of more security (or supervision) and more structure for those classified at higher levels.

> *Maximum women inmates are ones that are continually assaulting staff, continually disruptive, that just cannot function in another setting, and some of these women are what you would also call special needs offenders...They* [the maximum security women] *don't abide by the rules...are involved in drugs all the time, things like that – it's a conscious decision on their part to do so.*
>
> *There is an attitude there – there is an attitude issue there – and a woman has to be willing to let go of that attitude before she's ready to go down – to reduce. She has to be willing to take on the issues and until she does, she's going to continue to try to use, she's going to continue to muscle...she's going to continue to present that attitude.*
>
> *These* [maximum security] *women* require *a greater degree of supervision.*

Staff involved in security classification decisions all identified the three dimensions for classifying inmates (Institutional Adjustment, Escape Risk, and Public Safety) as the essence of security classification reviews. Some front-line staff interviewed were less informed regarding the latter two dimensions, but were well acquainted with the Institutional Adjustment factor. Most of those involved in security classification reviews acknowledged that there is a degree of subjectivity involved when applying these three dimensions, however, they found that as a yardstick these dimensions provided a useful measure for security classification reviews. In fact, a number of staff expressed that they appreciated the opportunity for this subjectivity insofar as it afforded them latitude to incorporate consideration of individual contexts when reviewing these women's security classifications. For the most part, staff felt that maximum security women were appropriately classified. Many of the staff admitted to having grappled with distinguishing a maximum security inmate from a maximum security mental health inmate.

> *When I look at the security classification reviews I pull out my Case Management Manual so that when we're going through the Institutional Adjustment, Escape Risk and Public Safety, I look at each factor in determining which factors apply to the woman that we're reviewing. I take it very seriously...my view is that I don't have a woman sitting here right now that I don't believe is appropriately classified.*
>
> *Security classification procedures are appropriate...the* [maximum security women] *need the secure environment...It's reasonable, it's national standards and if it's adhered to, at least it's a standard we can all live with.*
>
> *I know that people struggle with the fact that we shouldn't be making a woman maximum security if she has mental health concerns...I think we get too caught up in that labeling – the reality is that these women need to be in an environment that provides for maximum security, intensive supervision...I can deal with the label – the issue is how we manage her...we can add more things to the security classification review process – we can add specifically mental health issues – and we can have a whole section just on that discussion – I don't know that that changes the women's security classification – we can recognize it as an issue, I think that's important.*

Almost all staff considered issues relating to Institutional Adjustment as predominant reasons for the classification of maximum security women offenders; staff considered institutional violence, behavioural difficulties, and the degree to which correctional plans are being followed as central in security classification reviews.

> *We have one offender that's been up and down, up and down, up and down because of Institutional Adjustment – numerous institutional charges and just one* bad *attitude – it's another case of no consequences...There's actually two* [other] *women here – that – this is their home. When they get close to their statutory release, they do something to get bumped to have to wait for their next date... they'll never make their warrant expiry, they're just petrified to go out there.*
>
> *They need to be following their correctional plan and doing it successfully, Institutional Adjustment, and* [taking] *the programming that's deemed necessary for them or what they feel is necessary for themselves too.*

In short, interviews revealed basic agreement between staff and inmates regarding their perspectives on the bases for maximum security classification. Namely, problematic institutional behaviour (including assaults and failure to follow one's correctional plan) figured prominently. Disagreement in perspectives between the staff and women centred more around issues of the re-classification process. In particular, concerns regarding the duration of maximum security classification were raised. For example, recall that some women felt that the consequences of their actions should only affect their maximum security classification for a short and discrete period of time; staff were of the opinion that consequences for inmates' behaviour be long enough to be viewed as a deterrent.

> *There's got to be something in place to make these women realize that there's going to be consequences that won't go away overnight...We know that there is an offender here that was put to a medium security classification and purposely struck an officer to go back as a maximum – now what kind of option is that? It doesn't make me feel very good knowing that that type of option is there for an offender...there has to be guidelines set up and they have to follow them...the women have to be held accountable for what they do here...they have to start taking responsibility for their actions and being accountable for them and the consequences that come from them.*

The staff interviewed identified at least two population segments within the non-Aboriginal maximum security women population: the "typical" maximum security inmates (GP Segment), and the "special needs" maximum security inmates (SNP Segment). Several staff also identified this latter segment as comprising two groupings of women: women with severe mental health problems and women who are cognitively low functioning. As will be elaborated upon below, staff also viewed some needs of the maximum security women in these different segments as quite distinct.

> *You have your 'typical' maxs and you have your high need mental health maximum security and you have your low need or lower functioning mental health maximum security. In terms of the criminogenic and institutional behaviour they are all high risk, high need, but to different degrees and different levels – and it's not just criminogenic.*

With respect to maximum security women offenders, staff pointed out that the OIA in general, and the CNIA in particular, was useful in assessing certain needs and fashioning, in part, the correctional plan for inmates. The CNIA delineates seven domains that are considered associated with criminal recidivism. Briefly, these criminogenic needs are dynamic risk factors that are associated with reductions in recidivism when targeted with appropriate programming. However, staff did not rely on the outcome of the OIA as a basis for ongoing security classification reviews. Staff stressed that many women with violent offences and/or high needs upon admission were classified down fairly quickly in security classification reviews, often on the basis of favourable Institutional Adjustment ratings.

For example, several staff referenced the importance of knowing whether a woman was given a high need rating regarding substance abuse. This knowledge is important in terms of her programming plan, *not* in terms of her classification level. However, if a woman is involved in drug use and drug activity *in the prison,* then they considered this information relevant to security classification reduction, because such activity would be captured in various ways in the Institutional Adjustment rating. As one staff stated:

> *It doesn't make any difference to me if someone comes in with problems around using or not – maybe they want to deal with that while they're in, maybe not. But if drugs are coming over the wall and an inmate kicks a guard in the face because she's* [the inmate] *on the ground trying to put the drugs down her pants – that's a problem – call it drugs, call it violence – but call it.*

In terms of case needs, staff considered that all women in this population had needs relating to impulse control and poor problem-solving or coping skills. With respect to women in the different population segments, staff felt that the predominant needs of women in the GP segment were around substance abuse, cognitive skills, and anger and emotional management, while the predominate needs of women in the SNP segment were around community functioning and basic living skills.

In discussing the needs of maximum security women, staff often raised the importance of addressing women's needs with respect to community reintegration or community release issues. Staff argued that this area presented challenging issues for the maximum security population. These issues ranged from a maximum security woman adapting a posture of not wanting to cascade down to a lower security level and thereby not benefiting from some of the environmental differences afforded medium and minimum security inmates, to the preparedness of a woman's community release from a maximum security environment if she has maintained that level throughout her incarceration.

> *Community reintegration is a huge issue – a need that is so strongly out there right now – these women tend to go towards what they know.*
>
> *I've heard inmates say that it's scary – living outside of here. They don't want to. Here they are told what to do, when to do it, when to eat. They get their food – they don't have to decide those kinds of things – it's scary to them to think about having to do them. So some of them want to stay maximum.*
>
> *It's a long way to the community from maximum security for these women.*

Finally, staff emphasized that maximum security women all require intensive supervision and structure. Staff felt strongly that it is CSC's responsibility to ensure the safety of the inmate population as well as the safety of staff. It should be stated that although the women inmates interviewed appreciated the need for structure and supervision, perceptions regarding the intensity of and reasons for supervision and structure differed between staff and inmates.

> *They're here because they've acted out – they've assaulted guards or inmates – whether or not they have, like mental problems.*

10 INTERVENTION

> *You don't want to look at this population with a narrow lens.*

> *No matter what you do with them, no matter what you say to them, no matter what you tell them, they have to make their own mind up. And when they make their mind up, then they start making that effort.*

Staff considered there to be various avenues for intervention with the maximum security women offender population in order to address their needs, to assist them in reducing their security classification, and to improve their general living conditions. Preferred forms of intervention recognized the different levels of intensity and methods necessary to appropriately target and reach this population, the importance of a multidisciplinary team approach, and the need for innovation and creativity. Within this context specific interventions include CSC core programming, other programming, psychological services, supervision, and recreational activities. Staff stressed that interventions with this population would inevitably be expensive and intense, and that the importance of dedicated, specialized and familiar staffing could not be overstated.

10.1 Multidisciplinary Team Approach

The importance of a team approach, specifically a multidisciplinary team approach, in dealing with this population was emphasized in the staff interviews. A multidisciplinary approach draws on the expertise of individual representatives from a number of areas or disciplines. In a correctional context, a multidisciplinary team would include representatives from institutional management, case management, security, health services, psychology, programming, and other staff that interact with the inmates. The foundation of the approach is collaborative consultation, which sets the context for integrated inmate care and management.

> *The multidisciplinary approach is critical – that way you have information from many angles. There is a danger when there is only one or two opinions on a report.*
>
> *A holistic view of how we treat the women is critical here...The multidisciplinary team is critical, and the fact that there is communication – a sharing of information so we don't work in isolation – is extremely, extremely important to managing this type of offender* [maximum security] – *whether it's a woman who's a SHU-type woman* [Special Handling Unit], *whether it's a woman who's a schizophrenic and anything in between.*

As the above quotes indicate, some of the advantages of a multidisciplinary team approach include the sharing of knowledge and information from a variety of sources and experiences as well as reducing staff feelings of isolation in a demanding job. As part of this approach, staff at both institutions commented on the implementation of multidisciplinary meetings (at least weekly) where each inmate is reviewed. Staff considered these reviews integral to monitoring the progress and needs of the women.

> *Every week – we go over every offender, we have that luxury because of the low numbers – but we review every offender – with the psychologist there, the CMO is*

> *there, usually if the case worker is on that day we'll deal with that case...we get a lot of information that way.*

In addition to the collaboration provided in this approach, staff stressed the importance of responding to the women in a consistent and integrated team fashion.

> *One of the biggest things for them* [the maximum security women] *is manipulation and you have to modify that – and it takes the whole team concept to tackle that kind of problem...we have to provide the consistency.*
>
> *But you know in my opinion what it is – it's always consistent...the consistency has to be constant like everybody has to treat them the same. So that...she sees that even though she was upset she's still being treated decently, she's being treated as any human being and she's getting the same story – not necessarily a story – but the same talk from everybody: Do good, you'll be out of here.*

In short, staff expressed their desire to work in, and supported the value of working in, multidisciplinary teams when dealing with maximum security women.

> *In the beginning I didn't necessarily want to work here. I wanted to work in the male facility – but the longer I work here, the more rewarding I find it, in a sense. Because I actually have some input in the team concept.*

However, a few staff mentioned difficulties in the full implementation of a team approach.

> *The general feeling is that although we started with a team concept, they* [management] *have a lot of responsibilities...the decisions that used to be unit decisions are now managers decisions being delegated down by memo – so we've lost the team concept. It changes the dynamics if they don't have the time to spend in the unit...they've gotten out of involving us in the process.*

10.2 Physical Accommodation and Supervision

Another area that staff raised as important with respect to interventions concerned the physical accommodation of the maximum security women. Two issues were especially salient: that there be a physical separation of population segments and that the physical environment support the ability to monitor and supervise the population.

Staff considered the ability to separate the populations, both in terms of accommodation and programming, as critical. Staff stressed that the different population segments were basically incompatible—individuals in each segment often disturbed and agitated each other.

> *It makes it really difficult if you keep them all together...You need to separate the different groups of inmates, because that's where you run into problems...The higher functioning are very frustrated with the lower functioning because they are*

> *higher functioning, but some of them don't have the coping mechanisms to cope with people who are a lot lower functioning. Some of them don't understand why they act the way that they do.*
>
> *If they mix the higher functioning special needs women with the max women – all they're going to be doing is festering the whole problem that they're trying to crack – and that is getting the max women riled up, getting the muscling going again, getting the power struggle going again – it's just not going to work...it's going to be hell, there's going to be constant yelling, screaming, fighting, this and that and the other thing, there will be major muscling going on – it's the bigger fish eats the smaller fish.*

The ability to physically separate the population segments does not mean that there cannot be opportunities for the segments to interact. In fact, several staff commented that such opportunities can be beneficial for all involved. Moreover, some staff argued that accommodating these population segments separately, but in proximity to each other, offered some advantages, such as the effective utilization of resources and not pathologizing or deviantizing the women in the segments. Providing such opportunities recognizes the mental health needs of women in the GP segment and helps to lessen the stigma for women in the SNP segment. Finally, staff pointed out that groupings of different population segments were not fixed and that at different times, due to a variety of circumstances, a woman may be considered better suited to a particular segment.

> *The general max women have something to offer the special needs women in terms of a stabilizing effect...they also have a surprising compassion with special needs women.*
>
> *All the women present with mental health needs. It's important not to stigmatize environment. We all have things that we learn from each other – and there's always components of both – components of both groups in both populations...*

With respect to the need for the physical accommodation of the maximum security women to support effective intervention and monitoring, this is particularly important given that Institutional Adjustment factors figure so prominently with this population. Specifically, the physical environment must allow for the staff to easily monitor the women. Often the physical environment and the staffing model work complementary to each other in providing opportunities for structure and supervision.

> *Aside from the programming as intervention, certainly structure is important...there is a need for intensive structure, intensive supervision and not just from correctional officers.*
>
> *The* [maximum security] *women need more supervision and structure and it's questionable whether they can function without it.*

> *What has made a huge difference with this population has been having something more 'superviseable'...the smaller numbers are also good because these women need more individual attention...being able to monitor better has also meant the place is cleaner – less opportunity for drugs and muscling.*
>
> *I think they* [the maximum security women] *get a better quality of interaction here – there's more structure here – because of the set-up, they see the staff all the time here...we can give them the time they need – we're staffed appropriately for that.*

Regarding supervision and structure, staff emphasized the importance of having guidelines in place in terms of establishing limits and expectations in dealing with the maximum security women.

> *Without guidelines, it hurts the women – it hurts them tremendously because they don't have to be accountable for their actions and we're not making them take the responsibility...it hurts them because once you mess up their routine, then they're messed up too – but you've got to have a good routine in place and they've got to follow it.*
>
> *With respect to rules and guidelines, we are reinstating something that always should have been in place...so that we create some orderliness here to get things that need to get done, done...routine needs to complement work*

Correctional staff, particularly at Springhill Institution, identified accessible supervision as a strength in their correctional interventions.

> *...we're always here – they know that anytime they can come to the door, or we can go to their cell and talk with us or ask us questions – or advice – we're available. We offer our presence – literally – it helps – we make ourselves available – we take an interest in them and their families.*

Moreover, this supervisory model empowers women by encouraging them to make their own decisions.

> *We reinforce a lot that it's important for them to do their own time – you can be supportive of the other inmates, but you have to make your own decisions, you can still be supportive – but bottom-line, you have to do things for you.*

Front-line staff at both institutions expressed their pride in being able to provide opportunities for observational learning, or "modeling."

> *There's a lot of one-on-one with the staff. They offer a lot of support to the inmates. There's been a lot of crisis intervention and just by offering the support*

> *and being there when the inmate needs them – it's gone a long way to stabilize a lot of behaviour.*
>
> *I also think that the staff provide the inmates with the communication they need, the interaction they need, the emotional support. And being able to be positive role models is huge.*

10.3 Case Management and Programming Interventions

When intervening with the maximum security women, staff stressed that a greater degree of individual tailoring, creativity and innovation was necessary with respect to case management and developing/offering programs to this population.

> *We ask ourselves: What do we need to do with this woman to get her to the next point? Is it these core programs? Is it one-to-one intervention? Is it a psychiatric assessment? It might be a long road to get her there, but we're immediately thinking of that.*
>
> *It didn't seem to matter what I did or what I didn't do – nothing seemed to work for me and I thought something sooner or later* has to work. *And I found that getting rid of the traditional way of doing things and starting to be a bit more creative, a little more innovative...then it started to come together.*

There is a distinct difference between Springhill Institution and P4W in the availability of appropriate programming. All staff at Springhill regretfully acknowledged the limited programming, employment and movement (outside of their living unit) opportunities available to women there.

> *Because the counts are so low, therefore programming is limited because for most programming we don't have the numbers to have a group. Similarly, work wise* [inmate institutional employment opportunities] – *we are very limited in what we can allow. We can't really offer them meaningful employment – there's menial tasks of cleaning or going to the library for a couple of hours to work down there. It's frustrating because some of them really want to work and they can't. It's hard for us to have to work through that and we appreciate how hard it is for them to have to live through it. It's the no co-corrections policy*[12] *– that really, really, really limits what we can do with them.*

Those delivering programs to women at both institutions identified the unique needs of women in the different population segments. This was a challenge for the management of programs in Springhill where the GP and SNP segments are (sometimes) mixed when delivering programs.

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[12] Recall from Section 1 that measures have been taken (physical renovations and separate staffing) to ensure that women housed in units at men's facilities are separated from the male population in terms of their accommodation, programming, and recreation areas.

Those involved in delivering programs recognized the issue of attitude and motivation and the role these factors can play in limiting positive change.

> *There's the whole issue of attitude and motivation— neither of which we can force.*
>
> *We need to do our job – by getting through to them and telling them what their advantages are by going to a lower security level.*

A number of other themes revealed in the staff interviews are summarized below:

- Staff at both P4W and Springhill advocated the need for programming that specifically addressed the trauma and abuse issues faced by women in this population.
- Staff supported increased recreational programming.
- Where there were BSTs working with special needs women, both BSTs and the rest of the staff noticed improvements in the ability of these women to function. In particular, enhancements in basic living skills were noted.
- Where there were BSTs, correctional officers commented favourably on their ability to use these BSTs as a resource in a crisis.
- Finally, perhaps because of its relatively new status, Springhill Institution's women's unit has allowed for some innovative practices and attitudes by staff, particularly correctional officers. Correctional officers working with the maximum security general population at P4W are inclined to follow their more traditional model. This is particularly evident in the limited staff presence and interaction on the range. However, supervision of the Special Needs population at P4W is considerably more accessible and interactive.

11 STAFF NEEDS/ISSUES

> *We treat them a little different – you're a little more compassion prone. We have more compassion for them...And they'll actually come back and thank you. Which is something that never happens with the males. It's an altogether different world.*

Staff reported that working with maximum security women offenders was demanding— emotionally, physically, and mentally. They also reported that this work was rewarding. Interviews revealed a number of themes that related to areas of staff needs and issues.

All front-line staff communicated the need for training. They expressed their need for information and education regarding the variety of emotional and mental health problems present in the maximum security women's population. Staff want to know more about the reasons for and effects of mental health problems, pharmaceutical interventions, non-violent conflict resolution, informal counseling skills, information on why women slash, and how to intervene appropriately.

> *Everything. Everything we could get. Something to help us understand their* [the women's] *moods or their behaviours. About medications – how they work – to understand a bit more of why* [the women] *do some of the things they do…like understanding that some of the meds do dry your mouth out so when an inmate keeps asking for juice or milk – so then we understand that it's not a demanding thing. Not so much security stuff – but more like behaviours – like why do they slash? More about mental health things so that we are better able to deal with whatever. Like when we're in an overnight – it would be nice to have a little more to go on. It's not realistic to think that the inmates will only act out between eight and four* [o'clock].

> *Negative about working with some of the maximum security women for me would have been getting some of the psychiatric-type cases where I'm not trained to deal with it and having that be an added stressor – as far as their unpredictability and what not.*

In a related fashion, staff expressed the strong need for more specialized staff resources.

> *In terms of the high mental health needs women – we need the professional support, otherwise the frustration is just horrendous.*

Staff expressed the importance of and their need for positive reinforcement and feedback, both in regard to their general job performance and in relation to specific interventions.

> [Management] *gives us numerous TeamLinks* [internal electronic mail] *or pats on the back – like "job well done," and that's good because you're recognized… because it's so small here it gets back to the managers…and sometimes it will be the inmates that will say something and* [management] *will say "keep up the good work."*

Staff in both institutions identified a need for staff accountability. Inappropriate or deliberately provocative behaviour and attitudes on the part of a few of their colleagues distressed staff, especially when it is left unchallenged by management. In the opinion of the staff, failure to make their colleagues accountable for these behaviours and attitudes was to give it tacit approval and make it much more difficult for them, in turn, to interact appropriately and consistently.

In particular, the staff at Springhill Institution reported isolation from colleagues who work on other units. The staff commented that peers minimized their efforts on the women's unit, viewed the unit as problematic and troublesome, and pathologized the women. In addition, staff indicated that comparisons between women and men offenders were often made, with accusations of women offenders being given preferential treatment. This appeared to place staff in the position of constantly defending perceptions of women offenders being treated differently, that is, more favourably.

> *People* [other correctional officers] *that don't work here – they just make fun of us – that's a hard thing – we get a lot of teasing – big time…again, they've never worked here, but they've heard the stories.*

Staff at Springhill Institution emphasized their concerns about the limited amount of living space available for the maximum security women.

> *The drawback – I go back to it many times – we have females in a male institution – they are so limited because they physically cannot leave the living unit.*

As well, the staff at Springhill Institution raised their concerns regarding the proximity of the segregation unit to the living unit and the implications for inmates and staff. The staff member(s) who witness/deal with an incident that results in segregation still have to directly interact with that inmate while in segregation.

> *With male offenders -- the inmate will de-escalate sooner because he is not dealing with the same staff that were part of the original incident. Here there is no separation – there is no isolation. The problem for the individual staff member – if it happened on the first day of a shift – they have six more days of having to deal with a segregated inmate and the issues coming up over and over and over – neither gets quiet time.*

Staff identified the need for an enhanced communication strategy, internally, between regions, and corporately from CSC National Headquarters.

> *There needs to be more communication between here and the regional facility – there's not as much as there should be. Anyway, they're resistant to us because we're dinosaurs and we're resistant to them because we don't see them as being able to do their job well enough to be able to handle one or two problems that might pop up.* [It's a] *matter of perception – not the actuality.*

Correctional officers, in particular, identified a need for a more comprehensive internal communication process from specific to their dealings with the women.

> *Before management gets involved in individual inmate decisions, have them ask the inmate, "Have you asked – whoever is running the range today?" or "Have you approached the Correctional Supervisor?"*

Staff said that links between regional facilities are critical to facilitating transfers and ensuring that important information about the women is forwarded.
Finally, staff raised concerns about the clarity of the corporate message as it relates to future direction, programming, and their continuing employment working with women offenders.

PART D: DISCUSSION

This study has addressed a recognized gap in the research literature on maximum security women offenders. Its particular value is in its qualitative approach and the opportunity this affords all those interviewed, particularly the women offenders, to name their experience and share their perspectives. This process speaks to CSC's commitment to provide the opportunity for these views to be heard.

This research has provided a description of non-Aboriginal maximum security women and their needs. Through this process, our understanding of who these women are has increased. Part D summarizes the major conclusions of this study, offers elaboration, and provides direction for future consideration.

One of the most important conclusions found in the results of this project is that the non-Aboriginal maximum security woman offender population is heterogeneous. To consider this population only as a whole is misleading and problematic. This population is most readily differentiated on the basis of the following three identifiable, ***but not mutually exclusive***, sub-populations:

1. Those with anti-social behaviour and criminal attitudes;
2. Those with special needs resulting from serious emotional and mental health issues; and
3. Those with special needs resulting from cognitive limitations and basic skill deficits.

Data from this study warrants that women's responses be given distinct consideration in terms of population segments. Clearly, the responses of women offenders regarding their offences, needs, and experiences of incarceration, as well as the responses of staff with respect to understanding and dealing with these women, differentiate population segments.

With respect to the above population segments, data from this study support several more conclusions. First, although maximum security women in each of the above population segments should be considered as having special (and high) needs of one sort or another, the needs of the women in the latter two sub-populations are extraordinarily high (as represented in this study by the SNP segment). Second, information from the interviews with the women offenders and the staff clearly indicate that these population segments require separate programming and accommodation.

Another conclusion from this study relates to the current system and process of classifying the maximum security women offenders. Information obtained from both the OMS file review and from the staff discussions indicated that distinctions in behaviour, risk, and need exist between women offenders classified as maximum security and those classified as medium or minimum security. In terms of selectively differentiating those women classified maximum security, it is important to emphasize that those classified maximum are reviewed on the bases of ratings on the three dimensions of Institutional Adjustment, Escape Risk, and Public Safety. To be clear, women are not classified maximum security solely on the basis of having serious emotional and mental health issues and/or cognitive limitations/low functioning. In fact, it is important to note that there were, for example, equal numbers of women classified maximum security and medium security in the Special Needs Unit at P4W during the course of the interviews. In short, not all women with severe mental health needs are classified as maximum security.

Regarding classification, the OMS file review of the women in this study indicate that approximately two-thirds were designated as both "high-risk/high-need." In terms of their security classification dimensions, almost all of the women in this study were rated high on Institutional Adjustment. Interestingly, for some of these women, prior changes in institutional behaviour have resulted in corresponding changes in their security classification (i.e. lower Institutional Adjustment ratings corresponded with a medium security classification).

This study notes that there is a *much higher* amount of institutional assaultive behaviour exhibited by maximum security women compared to those in medium or minimum security. It is important that this degree of assaultive behaviour be recognized and pragmatically or operationally contextualized when dealing with and planning for the non-Aboriginal maximum security women. The absence of such recognition and contextualization could have a number of potential consequences, including:

- A missed opportunity for positive interventions for change;
- A missed opportunity for developing a better understanding of this population on its own terms. This understanding, in turn, could contribute to developing a behavioural paradigm against which to measure assaultive incidents;
- That, in the absence of such an understanding, there is an increased likelihood that incidents of assaultive behaviour may be pathologized and deviantized; and
- Failure to recognize and contextualize that this assaultive behaviour can erode the trust and confidence of both the staff and other women offenders, add considerably to the stress of the environment for both staff and women offenders, and inadvertently work against the women offenders.

Interestingly, although this higher amount of institutional assaultive behaviour is acknowledged by women offenders, they tend to minimize its effects both in terms of injury to others and in terms of its significance as a factor in their higher security classification. Study findings suggest there is opportunity for developing more accountability among these offenders for their assaultive behaviour.

A further point regarding high ratings of Institutional Adjustment concerns the "inmate code." The interviews with women offenders and staff revealed that, particularly for the women in the GP segment, following, if not enforcing, the inmate code was of particular importance to them, especially during times when they were not interested in reducing their security classification. Certainly, there is a link between adherence to the inmate code and demonstrations of aggressive behaviour (since the use of and tolerance for violence is a part of the code), and of posturing in an "us and them" mentality against staff. However, such an adherence could also be linked to the seeking of external sources for self-esteem and social approval. Inadvertently, this adherence reinforces, in a maladaptive sense, that the code "works" for these women offenders. A strong adherence to the code implies that the women believe that what they do while incarcerated is inconsequential; this is problematic with respect to these women genuinely investing in rehabilitative efforts. The title of this report suggests that becoming *positively* involved in how one "does their time" is considered central in changing the behaviour and attitudes necessary to reduce security level. Therefore, finding ways to pragmatically challenge and break down the inmate code is of fundamental importance in managing these offenders; consistently confronting these negative thinking and behavioural patterns in a way that is process-oriented will assist these women in focusing on themselves and their individual needs.

A number of interesting findings with respect to what the non-Aboriginal maximum security women offenders identified as need areas were revealed in this study.

- First, when asked what led to their being in prison, two-thirds of the women did volunteer information that corresponded with one or more of the CNIA domains.
- Second, in terms of women identifying their own needs, most of the women spontaneously identified one or more needs that coincided with CNIA domains. However, there were clear differences in the extent and nature of the needs expressed by the women in the two segments. Women in the GP segment predominantly focused on their personal/emotional orientation needs and to a lesser extent, needs concerning their substance abuse. Conversely, women in the SNP segment identified fewer needs and those they did identify were often of a more basic nature (e.g. community functioning).
- Third, the CNIA for these women identified them as having difficulties in multiple domain areas. The personal/emotional orientation domain was identified for all women in both segments. Moreover, needs in this domain were determined as "considerable" for the majority of this maximum security population. Although women in the GP segment had more CNIA needs than women in the SNP segment, when needs were identified for women in the SNP segment, they were more often identified as "considerable needs."
- Finally, when women were queried with respect to their perceptions regarding their criminogenic needs the overall amount of agreement, across both population segments, was less than 50%. The concept of what constitutes a 'need' for the women therefore, in and of itself, raises an interesting point. Specifically, there appears to be room for generating a greater amount of agreement or understanding for the women in terms of what CSC considers as criminogenic 'need areas' and what women consider their 'needs' to be and the relationship of these needs to their criminality.

The CNIA personal/emotional orientation domain was identified as a need for all women in this study and was also a prominent theme raised by the staff. Furthermore, all women in the GP segment predominantly focused on this domain when identifying their own needs, particularly acknowledging their difficulties concerning impulsivity, coping and anger management. This suggests that the non-Aboriginal maximum security women require a lot of assistance in learning strategies to deal with interpersonal problems; set realistic goals; and cope with conflict, crisis, and emotions. In the absence of such coping strategies, behavioural manifestations of the women's anger and impulsivity, which often permit them a degree of control over others in their environment, is reflected in their poor institutional adjustment. In short, it is important that these offenders be taught structured coping skills for handling mental health crises as well as general coping strategies and social adaptive daily living skills. These skills would help them to reduce their security level and successfully integrate into the communal living environment of the medium and minimum houses in the regional facilities.

With respect to the identified need areas for correctional planning, interview data suggests that greater involvement of the women in the development of their correctional plans might increase their ownership and interest. Again, this is a place where the discrepancies between needs identified by OMS and those that the women themselves identify and see as relevant could be addressed. Also, these women were identified with needs in most of the CNIA domain areas, and for the most part were aware that these areas had been targeted for programming. Consequently, even though they were aware that some of these needs had been prioritized, they considered their correctional plans to be overwhelming and not precisely focused. Given this, it is suggested that correctional plans for the maximum security women offenders might be incrementally constructed. For example, their correctional plans could be structured in phases, focusing both understanding and efforts on one phase at a time. In turn, this would provide an opportunity for positive reinforcement at the completion of each phase rather than an overwhelming sense of futility in effort.

Motivational theories should be explored for their relevance to this population and for their potential impact on behavioural and attitudinal change. Increases in motivational content could be broadly incorporated into all current programming, as well as specifically applied to new and dedicated motivational programs and interventions. Motivational theory also provides insights into differences noted in the types of needs identified by the women and by CSC. To clarify, the types of needs and issues that the women see as relevant and are most likely to want to address are primarily physiological needs and safety needs (Need Hierarchy Theory) or existence needs (ERG Theory). In contrast, CSC focuses on growth needs. In short, the offenders primarily tend to concentrate on "present-focused" needs, while CSC tends to emphasize "future-focused" or growth needs, particularly in programming areas. To enhance movement along maximum security women offenders' correctional plans, it would be worthwhile to explore some form of bridge programming between these two divergent focuses. A key component of such bridge programming would clearly be motivational.

Much information was gathered in this study with respect to all aspects of programming, including content, options, accessibility and mode of delivery. The interview data pointed to the following:

- Distinct programming strategies, both in terms of program content and delivery, are required given the variability in the sub-populations with respect to such things as the women's cognitive capacities, attention spans and ability to contain emotionality.
- Programs need to be highly structured.
- Programs need to incorporate an understanding of the particular, and highly differentiated, needs of maximum security women.
- Programming needs to be intensive, especially for the GP women.
- There is need to explore more individually-based programming models. Subsequently, time in such individually-based models should be spent working towards eventual participation in a group model.

- Where current core programming is considered too difficult for some individuals, adaptations are needed to make core programming more suitably accessible. A good example is found at P4W, where the Problem-Solving/Coping Skills program was initiated for those women who found the core Cognitive Skills program too difficult.
- Programming must actively seek increased self-esteem objectives that are clearly articulated in the delivery and content. Dedicated self-esteem programming could be considered.
- There is a need for intensive programming to address aggressive behaviour/attitudes and alternatives to violence. Again, such programming needs to be adapted to the specific issues of the differential sub-populations, acknowledging differences in the underlying causes and manifestation of such violence.
- More programming opportunities for women offenders at Springhill Institution need to available.
- Women who have completed Grade 12 should be offered facilitated self-instruction courses (e.g. computer skills).

The impact of inmate-staff interpersonal relations is another conclusion supported in the present study. All women emphasized that staff interactions impacted their security level both positively and negatively in a very significant manner. The women perceived negative staff attitudes as being disrespectful, intimidating, diminishing their sense of self, frustrating them and sometimes being deliberately provocative. Ultimately the consequences of negative inmate-staff interactions can result in conflict and charges. Positive inmate-staff interpersonal relations were identified by both the women offenders and staff as integral to a positive institutional environment as well as to the women offenders' positive institutional adjustment and changes in their behaviours and attitudes. With respect to achieving this, the following factors were considered as particularly important:

- Open communication between inmates and staff;
- Zero tolerance of inappropriate and deliberately provocative behaviours on the part of staff;
- Positive reinforcement of both inmates and staff—both need to know when they are doing a good job;
- Regular staff on the unit; and
- A consistent supervisory style that is present, accessible, and responsive to individual needs.

In correctional settings, a structured, predictable, and safe confinement is central to positive inmate-staff interpersonal relations. In the present findings, the concept of supervision and structure needs to be deconstructed when operationally applied to the management of this group of women. A greater amount of structure is not necessarily a bad or negative thing; rather than viewing it as retributive or penalizing, it would be valuable to construct supervision and structure for this group of women as necessary and helpful. Supervision and structure need to be construed as good practice. In fact, the women who were focused on reducing their classification level held this view. When supervision and structure are attentive, predictable and consistent, the women offenders clearly know what is expected of them and are able, in turn, to concentrate their efforts on themselves rather than diluting their attention on attempts to control or manipulate a less defined environment.

Another important finding from this study concerned the value of a multidisciplinary approach to managing this population. Clearly, many of the identified need areas for the non-Aboriginal maximum security women are interrelated, and as such this study supports an intensive, multifaceted, multidisciplinary and holistic approach to interventions and programming with these women. While the intricacies of such an approach will need to address differential sub-population issues, at the core level all interventions and programming must target emotive, cognitive, and behavioural factors. The foundation of a multidisciplinary approach is collaborative consultation which, in turn, sets the context for integrative inmate care and management. Such collaborative consultation involves the involvement of various disciplines in inmate care and management and the interactive exchange of information between all those involved. Findings from this study support the need for such an integrated approach in managing these offenders. Interventions will need to address a variety of issues and these interventions, in turn, will require highly skilled and dedicated multidisciplinary staff to address the complex nature of the needs evident in a majority of these women. Among the advantages of a multidisciplinary team approach is the ability of team members to work closely in more flexible ways with other specialists. Another advantage is that individual team members can play multiple roles (including, for example, teaching, consulting, evaluating).

Given the mental health needs of this population, managers, treatment and correctional staff are challenged to understand issues of mental health and psychological illness, and the association of such issues to criminal behaviour and institutional adjustment. Both the women offenders and staff commented on the need for further staff training, specifically in the areas of women's issues and mental health/psychological conditions. Information from the staff indicated that through educational initiatives already in place, staff have come to view apparently resistant, oppositional, or demanding behaviour as having a context with respect to a mental health/psychological condition or situational factor.

Much research has demonstrated that exposure to traumatic events in their history is widespread if not epidemic among incarcerated women. A process for the identification of abuse histories and assessment of resulting issues needs to be incorporated into the approach of managing these women. This should substantially increase the likelihood that the manifestations of past trauma will be visibly factored into the equation and opportunities provided to address identified traumas. At the same time, this process should also substantially decrease the likelihood that these significant issues will be ignored or fractured into a less holistic understanding. It is important to relate this to the point made earlier regarding the need for the correctional environment to be predictable and, relatively speaking, safe. The presence of such an environment is a critical factor for the management and care of the offender with a history of trauma. In the absence of such an environment, there is a heightened risk of psychological decompensation with corresponding management and clinical problems. Furthermore, although correctional staff recognize the traumatic histories of the majority of these offenders, they acknowledge that their understanding of how the aftermath of these traumas impact on the carceral setting is less clear. This suggests another opportunity for further staff education.

This study revealed several findings with respect to the physical environment or accommodation of this population. Most importantly, as mentioned earlier when discussing the population segments, allowances must be made in the physical environment for separating women in the different population segments both in terms of accommodation and programming. There also needs to be opportunities and space for therapeutic quiet. In meeting this need, it might also prove beneficial to explore the possibility of introducing alternative methods of assisting women in relaxation and structured quiet, such as meditation, Tai Chi, or yoga. Related to this, there is a need for a variety of physical management options in terms of dealing with this population. Some of these options require the ability to separate and deal with these women on an individual basis and in small groups. As such, there is a need for physical space to accommodate quiet time, individual counseling or programming sessions, group programming space, and both types of segregation (administrative and disciplinary segregation).

This study notes a number of findings with respect to non-Aboriginal maximum security women offender's regarding their classification and its effects. Generally, the women were aware of their classification and could provide some explanation as to why they were so classified. Furthermore, most of the women agreed with the reasons for their having been so classified, but criticized the process or the length of time between reviews as too long. Interestingly, most of the women in the GP segment did not consider themselves to be typical maximum security inmates, and as already stated, minimized their institutional violence and rationalized it as necessary. More than half the women felt that there is a stigma attached to being classified a maximum security inmate. Similarly, most of the women indicated that being classified as maximum security did affect how they served their time; the effect most frequently mentioned by the women related to issues of institutional placement and restriction of movement. As well, approximately one third of the women expressed the opinion that being classified as maximum security affected their opportunities for programming and believed that their classification level meant that opportunities afforded other federally sentenced women are not available to them. These findings support the need for greater information sharing with the women offenders regarding the restrictions imposed as a consequence of security classification and accommodation and programming options available to them at their higher security level. Similarly, interview data suggests that both women and staff need more information about the reasons behind security classifications. In particular, women offenders need to know the consequences of certain behaviours on their security classifications and they need to be given some indication of the relative duration of corresponding consequences. Finally, more than half the maximum security women rated their level of understanding of how security levels are reduced as poor, suggesting an opportunity exists for additional information sharing.

Interestingly, most women consider the responsibility of reducing security levels as shared between the individual woman and CSC. Changing behaviour/attitude and following one's correctional plan were seen as the individual woman's responsibility, while offering appropriate programming, presenting a willingness to alter one's perceptions of inmates, and recognizing an inmate's attempts at change were seen as the primary responsibility of staff. The mutuality inherent in this finding is encouraging when considering efforts to assist women to reduce their security level; basically, the women are acknowledging that it is a "two way street."

A related finding reveals that more than three quarters of the maximum security women stated that there had been periods of time in which they had not been interested in reducing their maximum security level or had actively engaged in behaviours to achieve or maintain maximum security. Clearly this finding broadly differentiates the challenges associated with managing women who are complacent regarding their higher security classification from issues associated with assisting women motivated to reduce their security classification. Some women, and for varying amounts of time, will simply not be interested in reducing their security level and therefore, will not be interested in changing their behaviour or attitudes. What is important here then, is that the necessary structure and supervision be in place to facilitate and encourage the types of internal changes the women identified as helpful in changing this outlook. Supportive structure and supervision will also help to limit the distraction these women may cause themselves and other maximum security women. This kind of environment leaves all women more free to focus on the changes necessary to reduce their security level.

Before leaving this point, it is important to contextualize the differences between the population segments with respect to their resistance to security classification reduction. The reasons for women in the GP segment not pursuing a lower classification generally involved active adherence to the "inmate code" or indifference/acceptance of their current situation. Conversely, for women in the SNP segment, the majority of whom were not seeking classification reduction at the time of the interviews, their reasons were more likely to centre around their fears and insecurities regarding the level of independence and life-skills required to function in the houses (e.g. responsibility for cooking, cleaning, laundry). For individuals within this group (and likely for all maximum security women), this suggests the need to teach them basic life-skills prior to their security being reduced.

In closing, certain limitations of the present study must be acknowledged and may point to directions for future studies. As stated at the beginning of this report, it is important to emphasize that the findings reported here must be interpreted with caution and in relation to the particular context of the study population. The necessity of giving careful consideration to the findings is due to the small number of study participants, the fact that this is a relative population in time, and a reliance on self-reports, which are susceptible to the possibility of interviewees' biases. Establishing links between facilities dealing with maximum security women offenders is important to enable staff to adapt effective practices to their institutional environments. Directions for future work include continuing to assess the differential presentation of needs and mental health needs by population segments of maximum security women offenders. This study has also raised some interesting questions regarding how CSC can best facilitate the types of internal changes that women identify as pivotal to their having changed their attitude or behaviour and engaging in efforts to reduce their security level. Finally, findings from this research support an appreciation of the deep complexity of the challenges in understanding and managing non-Aboriginal maximum security women offenders and assisting these women in reducing their security classification level. This research stresses the heterogeneity of this population and the necessity for intensive, creative and unique solutions.

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Appendix A: Interview Guides

Interview Guide: Non-Aboriginal Maximum Security Women Offenders

Interview # ______________

Interviewee: ________________

FPS: ________________

Interviewer: ________________

Interview Location: ________________

Date: ________________

Explain study and purpose.

Questions

1. Name
2. Age
3. Race
4. Education
5. Marital Status
6. Any Children
7. Index Offense
8. Sentence Length
9. Criminal History
10. In your opinion, what are some of the major factors that led to your being in prison?
11. Why do you think you have been classified as Maximum Security?
12. What do you think about the factors used to determine security classification?

13. What does it mean for you to be classified as Maximum Security? How does being classified as Maximum Security, for you, effect how your time is served? Have you ever had a different security level?

14. How do you think CSC can help you with the reasons you are classified Maximum Security?

15. What things can you do to help yourself?

16. Whose responsibility is it to try and reduce the security levels of Maximum Security women: CSC's, the individual women's or both?

17. What is your understanding of how security levels can be reduced?

18. Do you want to reduce your security level?

19. What do you think would be some of the advantages for you of being classified down to Medium or Minimum Security?

20. Have you ever tried or done something to reduce your security level? What was helpful or not helpful when you tried to reduce your security level? What do you feel is the biggest obstacle standing in the way of reducing your security level?

21. In general, what or who do you feel is the biggest support or help in reducing your security level?

22. What criteria do you think should be used to classify women as Maximum Security? Do you have any opinions or suggestions on how you think these criteria should be reviewed or how the review process should be conducted?

Note: Ask the woman about all the need factors in the CNIA. Explain what is meant by a need factor if they do not know.

23. What needs do you presently have that if they were addressed would help reduce your security level from Maximum to Medium?

24. How can CSC help you with the needs that you have right now in order to reduce your security level?

25. How do you think you can help yourself address your need factors? Have you tried?

26. What makes you want to or not want to participate in programming? How important do you see certain programs, or the role of programming for you?

27. What can you tell me about the types of programs that are available to you to help you reduce your security level? Explore options and scheduling.

28. What things such as programs do you think have helped or would help you to reduce your security level? Why?

29. What things does CSC have in place already, that you like, that helps you work toward reducing your security level? Why? What things does CSC already have in place to help reduce your security level, that you do not like? Why?

30. Given the small numbers of Maximum Security women in each region, do you have any suggestions on how programs can be delivered that will help the most in reducing security levels? Explore "closer to home."

31. What things, or qualities, about staff affect you? Are there things about the staff that you feel help you to reduce/interfere with your reducing your security level?

32. How do you feel about volunteers?

33. How could the set up of the facility be changed to help you reduce your security level? In what type of facility would you like to serve your sentence as a Maximum Security woman?

34. How do you view yourself in comparison to the other Maximum Security women?

35. Do the other women help or support you in your efforts/interfere with your efforts to reduce your security level?

36. When things go on in this unit, such as other women's behavior, does this effect you?

37. Has there been anyone in your life that has been a real positive influence for you or acted as a mentor for you? What were their characteristics and how did they help you?

38. Is there anything that you feel you want to do or have found to do with your time that you think is a real positive influence for you in your life?

39. When you are in the community what things increase your risk level for committing new offenses?

40. Is there anything CSC can do to help you refrain from criminal behaviour or activity?

41. Have you thought about the types of things you will try to do when you are released that will help you to stay in the community?

Interview Guide: Staff Focus Groups

Focus Group # ______________

Institution: ____________________

Present: ____________________

____

____

Date: ____________________

Explain study and purpose.

Questions

1. Gather this information for each of the participants in the focus group:
   - a. Name
   - b. Position
   - c. How long have you been working in this position?
   - d. How long have you been working in Corrections?
   - e. How long have you been working with women offenders, in particular?
   - f. What is your education/training?
2. What is your general understanding of why women are classified as Maximum Security? What do you think about the factors used to determine security classification? What criteria do you think should be used to classify women as Maximum Security?
3. What do you think are the consequences for women to be classified as Maximum Security? In your opinion, how does their being classified as Maximum Security, effect how their time is served?
4. How do you think CSC can help women with the reasons they are classified as Maximum Security?
5. In your opinion, what things can the Maximum Security women do to help themselves?

6. Do you have any opinions or suggestions on how you think these criteria should be reviewed or how the review process should be conducted?

7. Whose responsibility is it to try and reduce the security levels of Maximum Security women: CSC's, the individual women's or both?

8. What is your understanding of how security levels can be reduced?

9. In your experience/opinion, do most women want to reduce their Maximum Security level? How much effort do the Maximum Security women put into doing things to reduce their security level?

10. In general, what do you feel is the biggest obstacle standing in the way of Maximum Security women reducing their security level? What do you feel is the biggest support or help for the Maximum Security women reducing their security level?

11. In your opinion, what are the general needs of Maximum Security women that if they were addressed would help reduce their security level from Maximum to Medium?

12. How can CSC help Maximum Security women with the needs they have in order to reduce their security level?

13. How can the Maximum Security women help themselves address their need factors?

14. What can you tell me about the types of programs that are available to Maximum Security women to help them reduce their security level? Which of these programs in your opinion are most helpful? Which of these programs in your opinion are less helpful?

15. Explore comments/suggestions regarding the type of programming available...additional programs...options, scheduling, etc.

16. Given the small numbers of Maximum Security women in each region, do you have any suggestions on how programs can be delivered that will help the most in reducing security levels? How important do you feel it is that Maximum Security women serve their sentence in a facility that is "closer to home"?

17. Is there anything about working with the Maximum Security women that you find really affects you? What would you say is the most rewarding aspect of your job? What would you say is the most difficult aspect of your job?

18. In your opinion, are there things that you are able to do in your job that you feel help/interfere with your helping Maximum Security women reduce their security level?

19. Are there any areas that you feel you would like the opportunity for additional inservice training?

20. How could the set up of the facility be changed to help Maximum Security women reduce their security level? In your opinion what type of facility is necessary for Maximum Security women to serve their sentences?

21. When thinking about the Maximum Security women as a group -- in what ways are they similar and different from each other?

22. In your experience, do the women help or support each other in their efforts to reduce their security level? Do the women interfere with their efforts to reduce their security level?

23. In your experience, when things go on in this unit, such as an inmate's disruptive behavior, does this effect the other Maximum Security women? Does this effect you?

24. In your opinion, what things increase Maximum Security women's risk level for committing new offenses when released?

25. What things can CSC do to prevent Maximum Security women from committing a new offense?

26. In your view, what types of things can Maximum Security women do when they are released to help themselves stay in the community?